

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use Form 9-331-C for such proposals.)

1. oil ☒ well gas ☐ well other ☐
2. NAME OF OPERATOR
UNC Texas, Inc.
3. ADDRESS OF OPERATOR
P.O. Drawer 1391, Midland TX 79702
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1650' FEL, 800' FSL Sec.31
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) Spud

SUBSEQUENT REPORT OF:

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5. LEASE
NM 014023
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Betty 'C'
9. WELL NO.
2-31
10. FIELD OR WILDCAT NAME
Lybrook-Gallup
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 31-24N-7W
12. COUNTY OR PARISH
Rio Arriba
13. STATE
New Mexico
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
6982' GL; 6997' KDB

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

The above well was spudded March 28, 1981 at 5:30 PM.

8⁵/₈" casing was set at 312' K.B. and cemented with 200 sacks Class "B" + 2% CaCl₂. Plug was down at 8:15 AM with cement returned to surface March 29, 1981.

March 31, 1981 Drilling @ 2500 feet K.B.

April 1, 1981 Drilling @ 3220 feet K.B.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

18. I hereby certify that the foregoing is true and correct. Drilg. and Prod.

SIGNED [Signature] TITLE Engineer DATE April 1, 1981

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: