

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
J. Felix Hickman
3. ADDRESS OF OPERATOR
Box 12307 El Paso, Texas 79912
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1850' FNL 790' FWL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH: same
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) Surface casing.

SUBSEQUENT REPORT OF:

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RECEIVED

AUG 24 1982

U.S. GEOLOGICAL SURVEY
WASHINGTON, D.C.

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

5. LEASE

N.M. 03556

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Schmitz

9. WELL NO.

2

10. FIELD OR WILDCAT NAME Blanco Mesaverde

Ojito Gallup/Dakota

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

16-25N-3W

12. COUNTY OR PARISH

13. STATE

Rio Arriba

New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)

7298' K.B.

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 marker and zones pertinent to this work.)*

Spud well at 6:00 p.m. on August 2, 1982. Drilled 12 $\frac{1}{4}$ " hole to 200' and landed 9 5/8" 36# casing at 212' K.B. Cemented with 150 sx class "B" with 2% CaCl. Circulated 11.8 cubic feet of cement to surface. Plug down @ 11:00 p.m. on 8-2-82.

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

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

SIGNED J. Felix Hickman TITLE Agent DATE 8-23-1982

(This space for Federal or State office use)

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

ACCEPTED FOR RECORD

*See Instructions on Reverse Side

NMOCC

BY SMN