

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 ☒ gas ☐
well well other
2. NAME OF OPERATOR
Hicks Enco, Inc.
3. ADDRESS OF OPERATOR
P. O. Box 174, Farmington, New Mexico 87401
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17
below.) 1650' from East line and 750' from
AT SURFACE: South line
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	<input type="checkbox"/>
FRACTURE TREAT	<input checked="" type="checkbox"/>
SHOOT OR ACIDIZE	<input checked="" type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>
(other) _____	

SUBSEQUENT REPORT OF:

.

RECEIVED

SEP 0 1964

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

U. S. GEOLOGICAL SURVEY
FARMINGTON, N. M.

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.)*

Set retrievable bridge plug at 5415'. Pressure test to 3000 psi. Perforate 5270' to 5286' with 2 shots per foot. Acidize with 500 gal. of 15% MCA. Frac with 30,000# of 20/40 sand in 30,000 gal. of 30# gel. with 400 scf of nitrogen per bbl. of fluid. Flow well back. Swab to clean up. Test production for two weeks. Pull retrievable bridge plug and put back on production.

Subsurface Safety Valve: Manu. and Type

Set @ _____ Ft.

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

SIGNED

TITLE:

Eng.

DATE 9/2/81

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

~~TITLE~~

DATE _____

APPROVED

for JAMES F. SIMS
DISTRICT ENGINEER

NMOCC

*See Instructions on Reverse Side