

UNITED STATES *MIN. & GEN. SURV. COMMISSION*
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
Forister & Sweatt

3. ADDRESS OF OPERATOR
PO Box 161, Artesia, NM

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
 AT SURFACE: **990 FSL 1650 FWI.**
 AT TOP PROD. INTERVAL:
 AT TOTAL DEPTH:

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

| | |
|-----------------------------------------------|-------------------------------------|
| REQUEST FOR APPROVAL TO: | SUBSEQUENT REPORT OF: |
| TEST WATER SHUT-OFF <input type="checkbox"/> | <input type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| SHOOT OR ACIDIZE <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| REPAIR WELL <input type="checkbox"/> | <input type="checkbox"/> |
| PULL OR ALTER CASING <input type="checkbox"/> | <input type="checkbox"/> |
| MULTIPLE COMPLETE <input type="checkbox"/> | <input type="checkbox"/> |
| CHANGE ZONES <input type="checkbox"/> | <input type="checkbox"/> |
| ABANDON* <input type="checkbox"/> | <input type="checkbox"/> |
| (other) | |

5. LEASE
NM-15314

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Yates ~~29~~ Federal

9. WELL NO.
1

10. FIELD OR WILDCAT NAME
SE Chaves Queen Assoc

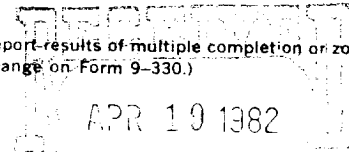
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec 29 T12S R31E

12. COUNTY OR PARISH | 13. STATE
Chaves | New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
4068.7 G.L.

(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.)*

1. Ran Welex Gamma Newtron logs T.D. to surface. Perforated Queen formation from 2549 to 2554 - 2 holes per ft.
2. Acidized with 750 gals 15% acid.
3. Treated with 20,000 gals gelled water with 14000# 20/40 sand and 7000# 10/20 sand.
4. Ran tubing & rods.

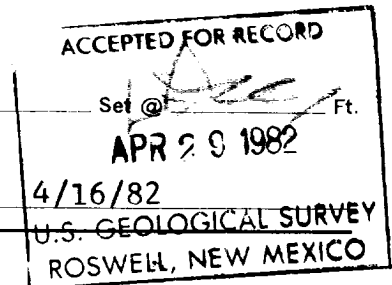
Subsurface Safety Valve: Manu. and Type

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

SIGNED *Charmaine Forister* TITLE Partner DATE 4/16/82

(This space for Federal or State office use)

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



Very faint, illegible text, possibly a signature or header.

RECEIVED
MAY 2 1952
O.C.D.
HOBBS OFFICE