

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

RECEIVED

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 ☐ other ☐

2. NAME OF OPERATOR

Brazos Petroleum Company

3. ADDRESS OF OPERATOR

P. O. Box 1782 Midland, Texas 79702

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE:

AT TOP PROD. INTERVAL:

AT TOTAL DEPTH:

660' FSL/1980' FEL

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) ☐

SUBSEQUENT REPORT OF:

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5. LEASE

NM-28064

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

Ferderber

8. FARM OR LEASE NAME

Ferderber Federal

9. WELL NO.

2

10. FIELD OR WILDCAT NAME

Sawyer (San Andres)

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

Sec. 7, T-9-S, R-38-E

12. COUNTY OR PARISH

Lea

13. STATE

NM

14. API NO.

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

3966.7

(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.)\*

CASING RECORD

8 5/8 set at 435' w/250 sx. circulated to surface  
4 1/2 set at 5100' w/ 1100 sx. of 50:50 POZ "C"[CIRC'D]

PERFORATIONS

4855-4950

PLUGGING PROPOSAL

circulated well w/10# mud laden fluid-spot 35 sx plug thru tbg. @5000-84800'  
Pull tbg. to 483' - spot 15 sx plug @ 483' - 383', POOH, ~~tag plug~~ - run 50' of tbg.  
and spot 10 sx plug to surface.  
All plugs to be spotted w/ 10# mud laden fluid.  
Work to commence on 12/7/87

[TAG PLUG]

S

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED Lolita H. Oden TITLE agent DATE 12/2/87

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY: