

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
Fina Oil and Chemical Company

3. ADDRESS OF OPERATOR
P. O. Box 2990 Midland, TX 79702

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 660 FNL & 1980 FEL, Unit B
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 type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	<input 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) suspend production

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.)*
Request Shut in Status per telecon. w/ Charles Tomblin
Jan 2/11/87

This stripper well is unable to produce in paying quantities under current oil pricing and will be prematurely abandoned if not given the suspension of production.

APPROVED FOR 12 MONTH PERIOD
ENDING 2/11/88

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

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

SIGNED Charles M. Tomblin TITLE Senior Pet. Eng. DATE 1-28-87
Charles M. Tomblin

(This space for Federal or State office use)

APPROVED BY Orig. Spd. Cont. TITLE _____ DATE 2-11-87
CONDITIONS OF APPROVAL, IF ANY:

5. LEASE	<u>Federal NM245247</u>
6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
7. UNIT AGREEMENT NAME	
8. FARM OR LEASE NAME	<u>McElvain Federal Bty 1</u>
9. WELL NO.	<u>2</u>
10. FIELD OR WILDCAT NAME	<u>E-K Yates Seven Rivers Queen</u>
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA	<u>Sec. 30, T-18-S, R-34-E NMPM</u>
12. COUNTY OR PARISH	13. STATE
<u>Lea</u>	<u>NM</u>
14. API NO.	
15. ELEVATIONS (SHOW DF, KDB, AND WD)	
<u>DF+3966</u>	

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