

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  
Ernie L. Hegwer

3. ADDRESS OF OPERATOR  
P.O. Box 1637 Hobbs, NM 88240

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 1980' From North 1980 From W  
AT TOP PROD. INTERVAL:  
AT TOTAL DEPTH: Straight hole

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 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)	<input type="checkbox"/>		<input type="checkbox"/>

5. LEASE  
NM 07966

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
Bay Federal

9. WELL NO.  
2

10. FIELD OR WILDCAT NAME  
Eumont

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
S35-T20-S-R36u'

12. COUNTY OR PARISH  
Lea

13. STATE  
NM

14. API NO.  
04406

15. ELEVATIONS (SHOW DF, KDB, AND WD)  
DF 3580 - GL 3560 - KDB 35

(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.)\*

3-5-85 Perforate from 3730' - 3755'. 2 Shots per foot.  
Acidize 3730' - 3755' w/2,000 gals. 15% NEFE Acid.  
Fracture treat 3730' - 3800' with 30,000 gals. 2% KCL gelled water.

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

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

SIGNED Ernie L. Hegwer TITLE Owner DATE 3-12-85

**ACCEPTED FOR RECORD**

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

APR 15 1985

RECEIVED

APR 17 1985

HOBBES