

UNITED STATES MEXICO
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
C.E. LONG

3. ADDRESS OF OPERATOR
Box 1943, Midland, Tx. 79702

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 660' FSL & 1650' FWL, 21 19 37
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 checked="" 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"/>

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.)*

Propose to begin surface equipment repairs on July 18, 1983, and moving necessary tubular goods and workover equipment onto wellsite.

Work is expected and planned to include removal of equipment from inside casing, location and testing of all leaks in casing and squeezing same, drilling out and putting well on production of oil & gas.

A separate report of plan to abandon will be submitted in timely manner if that is necessary.

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

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

SIGNED C.E. Long TITLE OWNER-OPER. DATE 7/17/83

APPROVED (This space for Federal or State office use)

APPROVED BY PETER W. CHESTNUT TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

AUG 23 1983

5. LEASE LC 030678A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME _____

7. UNIT AGREEMENT NAME _____

8. FARM OR LEASE NAME SINCLAIR-FEDERAL

9. WELL NO. 2

10. FIELD OR WILDCAT NAME Eunice Monument (Gb-SA)

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 21 T-19-S R-37-E N1/4PM

12. COUNTY OR PARISH LEA 13. STATE N.M.

14. API NO. _____

15. ELEVATIONS (SHOW DF, KDB, AND WD) 3645' KB, 3643' DF, 3633' Cr.

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

RECEIVED
JUL 27 10 48 AM '83
BURNING WATERS DISTRICT

RECEIVED

AUG 23 1983

O.C.D.
HOBBS OFFICE