

COPY TO O. C. S

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
North American Royalties, Inc.

3. ADDRESS OF OPERATOR
200 Wilco Building, Midland, Texas 79701

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 660/n2dk
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

5. LEASE
NM 10787

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Wallen Nadine Federal

9. WELL NO.
1

10. FIELD OR WILDCAT NAME
Nadine, Drinkard

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 23, T-19-S, R-38-E

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

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
GR: 3602 - KB 3613.5'

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:

RECEIVED
MAR 7 1980
U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

(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.)*

TD 7950 PBDT 7893 KB. Install BOP. Plan to run in hole with 2-3/8" tubing, circulate hole with 2% KCL water & spot 200 gallons 15% HCL acid. Pull out of hole & perforate 7765' to 7888' with 12 shots. Run back in hole with tubing & set packer at 7725'. Will acidize with 1800 gallons of 15% HCL & attempt to complete. This will be in the Abo Section, work to be started on 3-7-80

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

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

SIGNED W. J. Soltus TITLE Office Manager DATE March 6, 1980

(This space for Federal or State office use)

APPROVED BY **APPROVED** TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:
MAR 7 1980

ACTING DISTRICT ENGINEER

*See Instructions on Reverse Side