

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  
Highland Production Company

3. ADDRESS OF OPERATOR 79761  
810 N. Dixie Blvd., Suite 202, Odessa, TX.

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 1980' FNL and 660' FEL  
AT TOP PROD. INTERVAL: 1980' FNL and 660' FEL  
AT TOTAL DEPTH: 1980' FNL and 550' FEL

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

5. LEASE  
NM 1410

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
Elliott B-20

9. WELL NO.  
1

10. FIELD OR WILDCAT NAME (Seven Rivers, Langley-Mattix, Queen, Grayburg)

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Section 20, T-22-S. R-37-E. NMPM

12. COUNTY OR PARISH Lea 13. STATE New Mexico

14. API NO.  
30-025-24016

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

|                           |                          |                                     |
|---------------------------|--------------------------|-------------------------------------|
| 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 checked="" type="checkbox"/> |
| (other) <u>Plug well.</u> |                          |                                     |

(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.)\*

9/20/88 Halliburton arrived and pumped 20 bbl fluid at 2411', did not get return. Pumped 50 sacks cement. Ran retainer and plug. Perforate 1150', 6 shots, 2" apart (top 1150' - bottom 1160'). Tied on retainer - Set retainer - cement below retainer with 50 sacks cement. Pulled 1jt. (20'), pumped 75 sacks cement from 1030' to 10' of surface.

10/18/88 Squeeze Bradenhead w/35 sacks cement.

10/21/88 Cut off head, weld on cap, put up marker.

RECEIVED  
NOV 2 11 32 AM '88  
FOR AREA MANAGERS

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

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

SIGNED Johnnie L. Nance TITLE Corporate Secretary DATE October 28, 1988

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE 11-29-88

CONDITIONS OF APPROVAL, IF ANY:

at the completion of the well bore,  
the well shall be plugged and until  
surface restoration is completed.

\*See Instructions on Reverse Side

N R

3