

CSF

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O. C. B.
ARTESIA, OFFICE

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

Ensource Inc. ✓

3. ADDRESS OF OPERATOR

3300 North "A", Bldg. 2-Ste 113, Midland, Tx 79705

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 1880' FSL 1880' FEL

AT TOP PROD. INTERVAL:

AT TOTAL DEPTH:

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* ☐

SUBSEQUENT REPORT OF:

☐
☐
☐
☐
☐
☐
☐
☐

(other)

5. LEASE

LC-029392 B

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Federal 26

9. WELL NO.

2

10. FIELD OR WILDCAT NAME

Shugart - 1-35 - G

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

S26-18S-31E

12. COUNTY OR PARISH

Eddy

13. STATE

New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDR AND WD)

3660 GR

(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.)*

Ensource Inc. acquired this well effective 9/1/84 from Visa Energy Corporation. Last allowable test was in 1976 @ 10 BOPD. Production has increased to approximately 28 BOPD. Increase is suspected to be caused due to water injection system from the East Sugar field. We respectfully request an increase in allowable of 28 BOPD on the above referenced well and 15 MCF/D. *

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

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

SIGNED Duma Hemrick TITLE Dist. Admin. DATE 3/27/85

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

DATE

APR 29 1985

*See Instructions on Reverse Side

CARLSBAD, NEW MEXICO