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Form 9-331
Dec. 1973

NM OIL CONS. COMMISSION
Drewery DD
Artesia, NM 88210

Form Approved.
Budget Bureau No. 42-R1424

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
TXO Production Corp. ✓

3. ADDRESS OF OPERATOR
900 Wilco Bldg. Midland, Tx 79701

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1980 FW & NL
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 checked="" 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"/>

RECEIVED BY
JAN 3 1986
O. C. D.
ARTESIA OFFICE

5. LEASE
NM-0556290

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Williamson Federal

9. WELL NO.
4

10. FIELD OR WILDCAT NAME
Burton Flat (Strawn) S. Part of 1980

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec 15, T20S R29E

12. COUNTY OR PARISH | 13. STATE
Eddy | NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
KB 3301 GL 3278

(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.)*

RUPU
Acidize via tbg w/3000 gal 15% NEFE
Swab back load.

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

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

SIGNED [Signature] TITLE Prod Engineer DATE 12-30-85

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE 1-2-86
CONDITIONS OF APPROVAL, IF ANY: