

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  
T.L. MORRIS
3. ADDRESS OF OPERATOR  
P.O. BOX 1038 KILGORE TEXAS 75662
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
2310 FSL 2310FEL  
AT SURFACE:  
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\* ☒  
(other) ☐

SUBSEQUENT REPORT OF:

- ☐  
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5. LEASE

N.M. 13293

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

LUEVINIA

9. WELL NO.

1

10. FIELD OR WILDCAT NAME

W.C.

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

NWSE SEC 8  
T-14N R-6-W

12. COUNTY OR PARISH

MC-KINNEY

13. STATE

N.MEXICO

14. API NO.

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

6997-GI

(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.)\*

11-10-81 WE PROPOSE TO PLUG WELL WITH 50 FT CEMENT PLUG ON BOTTOM.  
ALSO 50 FT PLUG TOP.

Subsurface Safety Valve: Manu. and Type

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

SIGNED

*Raymond W. Vinyard*

TITLE

AGENT

DATE

11-11-81

(Orig. sig.) RAYMOND W. VINYARD (this space for Federal or State office use)

APPROVED BY  
CONDITIONS OF APPROVAL IF ANY

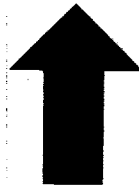
TITLE RAYMOND W. VINYARD  
ACTING DISTRICT SUPERVISOR

DATE

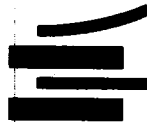
NOV 18 1981

\*See Instructions on Reverse Side

NMOCC



**LTR**



**Job separation sheet**

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2. NAME OF OPERATOR  
T.L. MORRIS  
3. ADDRESS OF OPERATOR  
P.O. BOX 1038 KILGORE, TEX. 75662  
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2310FSL 2310 FSL  
AT SURFACE:  
AT TOP PROD. INTERVAL:  
AT TOTAL DEPTH:

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

REQUEST FOR APPROVAL TO:

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FRACTURE TREAT ☐  
SHOOT OR ACIDIZE ☐  
REPAIR WELL ☐  
PULL OR ALTER CASING ☐  
MULTIPLE COMPLETE ☐  
CHANGE ZONES ☒  
ABANDON\* ☐  
(other) ☐

SUBSEQUENT REPORT OF:

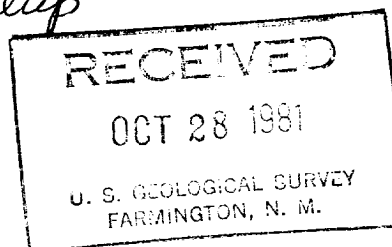
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5. LEASE  
NM 13293  
6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
7. UNIT AGREEMENT NAME  
8. FARM OR LEASE NAME  
LUEVINIA  
9. WELL NO.  
#1  
10. FIELD OR WILDCAT NAME  
WHILDCAT  
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
NWSE SEC. 8  
T14N R6W  
12. COUNTY OR PARISH  
MEKINLEY  
13. STATE  
NM  
14. API NO.  
15. ELEVATIONS (SHOW DF, KDB, AND WD)  
6997' GR

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

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10-25-81 WE REQUEST PERMISSION TO CHANGE ZONE FROM 3500' ENTRADA ZONE TO 550' HOSTA. *W.C. Gallup*



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

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

SIGNED *Jim Pappas* TITLE AGENT DATE 10-25-81

(This space for Federal or State office use)  
APPROVED BY *John P. Keller* TITLE *Acting Dist. Surveyor* DATE OCT 28 1981  
CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

NMOCC