

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 ☒ gas ☐
well 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' FWL 990' FSL
AT SURFACE:
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

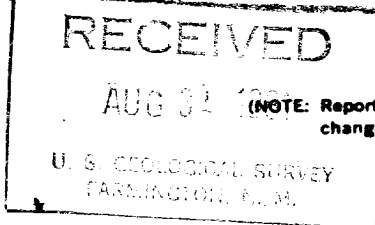
15. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>

(other) report of commence drilling

SUBSEQUENT ~~REPORT~~ OF:



5. LEASE NM 13780
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME G. A. P.
9. WELL NO. #1
10. FIELD OR WILDCAT NAME Whildcat
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SE $\frac{1}{4}$ SW $\frac{1}{4}$ Sec. 19
T 16 N R 5 W
12. COUNTY OR PARISH Mckinley
13. STATE NM
14. API NO. 6486 GR
15. ELEVATIONS (SHOW DF, KDB, AND WD)

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.) *

8-22-81 Rig up on G.A.P. #1

8-24-81 Start drilling 7.7/8" hole & drilled to 560'.
Cored Hosta sand 566' to 588'.

8-25-81 Drilled to TD at 1225'

8-26-81 Circulated and conditioned hole and ran Compensated Density
Compensated Neutron Log & Induction Electrical Log with
Go Inc.

Ran 1225' of 5½" , 15.50 lbs. casing & circulate cement to surface.

Plugged down at 4:00 a.m.

Subsurface Safety Valve: Manu. and Type

Set @ _____ Ft.

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

SIGNED Jim Pepper TITLE Forman DATE 8-26-81

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY _____

TITLE

DATE _____

NMOCC

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