

SUNDRY NOTICES AND REPORTS ON WELLS

1. oil well ☒ gas well ☐ other ☐

3. ADDRESS OF OPERATOR
P. O. Box 460, Hobbs, N.M. 88240

AT SURFACE: 1980' FSL & FEL

AT TOP PROD. INTERVAL: *Same*

AT TOTAL DEPTH: *same*

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input checked="" 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)	<input type="checkbox"/>

1000000

RECEIVED

ALL - 100

U. S. GEOLOGICAL SURVEY
FARMINGTON, N. M.

(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.)*

MIRU & kill well if necessary. Tag for fill. Spot 27 bbls. 15% HCl-NEFE

@ 7660-6530'. Perf. C 6629-6634', 6690', 6786', 6787', 6788', 6804',
6824', 6877', 6878', 7445', 7446', 7453', 7457', 7462', 7463', 7472',
7475', 7477', 7516', 7595', 7628', 7629', 7630', 7631', 7632', 7642',
7643', 7644', 7649', 7652' A 1JSPE (35 shots).

RTH w/ production eqpt. & swab well in.

No surface disturbance is required.

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

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

SIGNED Wm. A. Butterfield TITLE Administrative Supervisor

DATE _____

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE _____

4565-6

BEA
FHE

NMCCC

TE 8/5/80
APPROVED

DATE AUG 13 1990
James F. Sims
 JAMES F. SIMS
 DISTRICT OIL & GAS SUPERVISOR