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COPY TO O. C. C RIGINAL

Form Approved. Budget Bureau No. 42-R1424

A COLLEGE

| UNITE | | | . ડે | 1 11 |
|------------|------|-------|-------------|------|
| DEPARTMENT | OF | THE | INTE | RIOR |
| GEOLOG | ICAL | . SUF | RVEY | |
| | | | | |

SUNDRY NOTICES AND REPORTS ON WELLS

| , LEASE | 2 6 000 917 |
|---------|-----------------|
| Drickey | Queen Sand Unit |
| | |

| Drickey | Queen Sand Unit | |
|---------|-------------------------|--|
| | ALL OTTEE OR TRIBE NAME | |

| _ | | | EEME | | 14 | ' |
|---|-------|--------------|------|----|------|-------|
| 7 | LINIT | ΛCD | CCMB | | N M | |
| | UINII | AUA | CCMI | 17 | 47.7 | MAI C |
| | | | | | | |

8. FARM OR LEASE NAME

| (Do not use this form for proposals reservoir, Use Form 9-331-C for suc | to drill or to deepen or plug back to a different h proposals.) |
|---|---|

| 1. | oil well | X | gas well | | other | | |
|----|-------------|------|-------------|------|--------|------|--|
| 2. | NAM | E OF | OPERA | OR | | | |
| | Gene | е А. | Snow | 0pe | rating | | |
| 3 | ADDE | RESS | OF OPE | RATO |)R | | |

P.O. Box 1270 Lovington, New Mexico 88260

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 AT SURFACE: 1980' FSL and 1980' FWL

AT TOP PROD. INTERVAL: AT TOTAL DEPTH: 3062

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

9. WELL NO.

£-15 ₫ 10. FIELD OR WILDCAT NAME

Caprock Queen 11. SEC., T., R., M., OR BLK. AND SURVEY OR

Sec. 3, T-14S, R-31E

12. COUNTY OR PARISH 13. STATE New Mexico

14. API NO.

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

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|----------------------|----------------|
| | |
| REQUEST FOR APPROVAL | . TO: SUBSEÇ |
| TEST WATER SHUT-OFF | |
| FRACTURE TREAT | |
| SHOOT OR ACIDIZE | |
| REPAIR WELL | |
| PULL OR ALTER CASING | |
| MULTIPLE COMPLETE | |
| CHANGE ZONES | |
| ABANDON* | |
| (other) PUT BACK IN | TO PRODUCTION. |
| | |

SUBSEQUENT REPORT OF:

RECEIVED

(NOTE: Report results of multiple) change on Form 9-330

NOV 16 1978

O. C. C. ARTESIA, OFFICE S. GEOLOGICAL SURVEY EW MEXICO

- 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 portions to this work. measured and true vertical depths for all markers and zones pertinent to this work.)*
 - 1. Pull plug out of well head.
 - 2. Run production equipment, rods and tubing.
 - 3. Set pumping unit. Pump from total depth.

Subsurface Safety Valve: Manu. and Type ___ 18. I hereby certify that the foregoing is true and correct October 27, 1978 Operator DATE SIGNED ~ (This space for Federal or State office use) ACTING DISTRICT ENGINEER ATE NOV APPROVED BY CONDITIONS OF APPROVAL, IF ANY 1 7-98