Form 9-331 Dec. 1973

(other)

Drawer DD

Artesia, NM

Form Approved. Budget Bureau No. 42-R1424

UNITED STATES
DEPARTMENT OF THE INTERIO
GEOLOGICAL SURVEY

NM-1	8989

GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME		
SUNDRY NOTICES AND REPORTS ON WELLS (Do not use this form fcr proposals to drill or to deepen or plug back to a different reservoir. Use Form 9-331-C for such proposals.)	7. UNIT AGREEMENT NAME 8. FARM OR LEASE NAME Harper-Federal 9. WELL NO.		
1. oil gas well X well other			
2. NAME OF OPERATOR Enserch Exploration, Inc.	1 10. FIELD OR WILDCAT NAME		
3. ADDRESS OF OPERATOR P. O. Box 4815, Midland, Texas 79704	11. SEC., T., R., M., OF BLK. AND SURVEY OR		
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)	AREA Section 13, T6S, R29E		
AT SURFACE: 560' FNL & 890' FWL AT TOP PROD. INTERVAL: Same AT TOTAL DEPTH: Same	12. COUNTY OR PARISH 13. STATE Chaves New Mexico		
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA	14. API NO. 30-005-62033 15. ELEVATIONS (SHOW DF, KDB, AND WD)		
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	4200.9' GR		
FRACTURE TREAT \(\bigcirc \) \(\bi			
REPAIR WELL PULL OR ALTER CASING MULTIPLE COMPLETE CHANGE ZONES MANAGEMENT M	(NOTE: Report results of multiple completien or zone change on Form 9–330.)		
ABANDON*	€ A		

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.)*

Work performed from 9/16/83 to 9/27/83:

PBTD 8306' Spotted 200 gallons 15% MSR 150 acid. Perforated Penn formation from 7547'-7614', 45 holes, .38" size. Acidized with 2000 gallons 15% MSR 150 acid. Swabbed dry with slight show of oil and gas. Fracked Penn formation with 5000 gallons 15% HCL acid plus 44,000 gallons YF-4-CO2 Cross Link Gel with 51,000# 20/40 sand. Swabbing back load.

> RECEIVED BY **SEP** 3 0 1983 O. C. D. ARTESIA, OFFICE

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

Subsurface Safety Valve: Manu. and Type _

TITLE Prod. Superintendentbate _

(This space for Federal or State office use)

APPROVED BY CONDITIONS OF APPROVAL, IF ANY: DATE _

ACCEPTED FOR RECORD

AUG 2 9 1983

*See Instructions on Reverse Side