

dsf

UNITED STATES Artesia, NM 88210  
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

FEB 09 '88

2. NAME OF OPERATOR  
HERMAN V. WALLIS ✓

O. O. D.

3. ADDRESS OF OPERATOR  
Post Office Box 1858, Kerrville, Texas 78029

ARTESIA, OFFICE

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 660' FSL & 820' FWL (SW SW)  
AT TOP PROD. INTERVAL:  
AT TOTAL DEPTH:

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

REQUEST FOR APPROVAL TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐

☐

FRACTURE TREAT ☐

☐

SHOOT OR ACIDIZE ☐

☐

REPAIR WELL ☐

☐

PULL OR ALTER CASING ☐

☐

MULTIPLE COMPLETE ☐

☐

CHANGE ZONES ☐

☐

ABANDON\* ☐

☐

(other) FENCED EMERGENCY PIT APPROVAL

5. LEASE RMN 130

NMc223201

6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
N/A

7. UNIT AGREEMENT NAME  
N/A

8. FARM OR LEASE NAME  
LURA FEDERAL

9. WELL NO.  
1

10. FIELD OR WILDCAT NAME  
SAMS RANCH GRCA

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
SEC. 10, T14S, R28E

12. COUNTY OR PARISH CHAVES 13. STATE NEW MEXICO

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)  
3572' GR

(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.)\*

1. Pit is necessary to prevent surface pollution.
2. Extended use of pit is necessary due to the lack of demand in the gas markets.
3. Well has been shut in for a number of months due to condition No. 2.
4. When well resumes production the gas will definitely bring treating oil with it.
5. This shut in period voids any estimate of treating oil amounts.
6. Optimistic period of approval requested to be for two (2) years.

Subsurface Safety Valve: Manu. and Type

Set @ Ft.

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

SIGNED Herman V. Wallis TITLE Operator

DATE January 31, 1988

(This space for Federal or State office use)

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVED  
PETER W. CHESTER

FEB 4 1988

\*See Instructions on Reverse Side

BUREAU OF LAND MANAGEMENT  
ROSWELL RESOURCE AREA

1988