

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYNM OIL CONS. COMMISSION
Drawer DD
Artesia, NM 88210Form Approved
Budget Bureau No. 42-R1424

dSF

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 ☐ other ☐
well well2. NAME OF OPERATOR
Cibola Energy Corporation3. ADDRESS OF OPERATOR
P. O. Box 1668, Albuquerque, NM 871034. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 330 FSL & 940 FEL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

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

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) run casing

SUBSEQUENT REPORT OF:

☐
☐
☐
☐
☐
☐
☐
☐5. LEASE
NM 18611

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

Aciete Negra

8. FARM OR LEASE NAME

Aciete Negra

9. WELL NO.

4

10. FIELD OR WILDCAT NAME

Wildcat - Devonian

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

Sec. 12-9S-27E

12. COUNTY OR PARISH

Chaves

13. STATE

NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
3880.2

(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.)*

3/9/85 Run 1643' 8 5/8" csg, texas pattern guide shoe & insert float. Cemented w/600 sx lite wt 3 w/2% CaCl2, 200 sx Class C cement w/2% CaCl2. Full returns throughout job. Cement didn't circulate. Bump plug w/1000#. Held pressure 30 minutes. WOC 6 hrs.

3/10/85 Run temperature survey. Found top of cement @ 50' from surface. Run 1" self stress cement to surface. WOC 18 hrs.

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

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

SIGNED Karen [Signature] TITLE Drlg Sec. DATE 3/13/85

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

RECEIVED BY
JUN 06 1985
O. C. D.
ARTESIA, OFFICEACCEPTED FOR RECORD
PETER W. CHESTER
JUN 4 1985
BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE AREA