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Form 9-331
Dec. 1973

NM OIL CONS. COMMISSIC

Drawer DD

Artesia, NM 88210

Form Approved.
Budget Bureau No. 42-R1424

AUG 27 1982

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

OIL & GAS
MINERALS MGMT. SERVICE
ROSWELL, NEW MEXICO

DRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen a well or to change a well to a different reservoir. Use Form 9-331-C for such proposals.)

1. oil ☒ gas ☐ other ☐ SEP 1 1982

2. NAME OF OPERATOR
Tom R. Minihan O. C. D.

3. ADDRESS OF OPERATOR
P.O. Box 4364 Midland, Tex. 79704

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 990 FNL & 2310 FWL
AT TOP PROD. INTERVAL: 1590
AT TOTAL DEPTH: 1602

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) ☐

SUBSEQUENT REPORT OF:

☐
☐
☐
☐
☐
☐
☐
☐

3576 GL

(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.)*

Run necessary test to determine where present water coming from. Shut it off. Clean well out to T.D. 1630'. Sand frac well and equip to pump. Commence workover approx. Sept. 27, 1982.

1. MIRU service unit. Install BOP. Run 2 7/8 tubing and packer. Test tubing. Run injection profile survey.
2. Repair casing leak. Clean out to T.D. Sand frac. Equip well to pump.
3. Pump test well 30 days. Submit necessary forms to reclassify well.

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

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

SIGNED Tom R. Minihan TITLE Operator DATE 8/19/82

APPROVED

(This space for Federal or State office use)

APPROVED BY PETER W. CHESTER TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

AUG 31 1982

FOR
JAMES A. GILLHAM
DISTRICT SUPERVISOR *See Instructions on Reverse Side