Drawer DD Artesla, NN 88210       Form Approved. Budget Bureau No. 42-R1 Budget Bureau No. 42-R1 Budget Bureau No. 42-R1 Budget Bureau No. 42-R1         Dif A MC       DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY       5. LEASE         Dif A MC       DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY       5. LEASE         OIL & CAS MINERALS MGIM SURJDRY NOTICES AND REPORTS ON WELLS ROSWELL, New MEXIES NOW MEXIES form 0- proposals to drill or to deepen or plug back to a different Newell well other Water Injection Well       7. UNIT AGREEMENT NAME South Redlake Grayburg         1. oil well well other Water Injection Well       8. FARM OR LEASE NAME South Redlake Grayburg       8. FARM OR LEASE NAME South Redlake Grayburg         2. NAME OF OPERATOR TOM R. Minihan       0. High OPERATOR P.O. BOX 4364       10. FIELD OR WILDCAT NAME Redlake Grayburg         3. ADDRESS OF OPERATOR P.O. BOX 4364       Midland, Tex. 79704       11. SEC., T., R., M., OR BLK. AND SURVEY AREA Sec. 35, T 17 R. 27, NMPM         4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) 1700' FNL & 2310' FWL       Sec. 35, T 17 R. 27, NMPM         16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE REPORT, OR OTHER DATA       I. SUBSQUENT REPORT PECEIVED         16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE REPORT, OR OTHER DATA       SEP 1 1982 SEP 1 1982 CLAUGE TREAT         SHOOT OR ACIDIZE REPAIR WELL PULL OR ALTER CASING       SEP 1 1982 CLAUGE on Form 9-330. O. C. D.         MULTIPLE COMPLETE CHANGE ZONES       ARTESIA, OFFICE <th>c   5</th>	c   5
UNITED STATES         DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY         OIL & GAS         MINERALS MGMESCHEDERY NOTICES AND REPORTS ON WELLS ROSWELL, MEMORY. Lue form 9-331-C for such proposals.         1. oil       gas         well       other Water Injection Well         2. NAME OF OPERATOR         1. oil       gas         well       other Water Injection Well         2. NAME OF OPERATOR         1. oil       gas         well       other Water Injection Well         2. NAME OF OPERATOR         3. ADDRESS OF OPERATOR         P.O. Box 4364       Midland, Tex. 79704         4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below) 1700' FNL & 2310' FWL AT SURFACE: AT TOP PROD. INTERVAL: Perf. 1564 - 1569         16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA         REQUEST FOR APPROVAL TO:         SUBSEQUENT REPORT REPORT RECEIVED         TEST WATER SHUT-OFF         FRACTURE TREAT         SHOOT OR ACIDIZE         REPAIR WELL         PULL OR ALTER CASING         MULTIPLE COMPLETE         CHANGE ZONES         ADDRESS OF ORES         BODOT OR ACIDIZE         REQUEST FOR APPROVAL TO:         SUBSEQUENT REPORT RECEIVED	- 1
OH, & CEOLOGICAL SURVEY       6. IF INDIAN, ALLOTTEE OR TRIBE NAME         OH, & TAS       MINERALS MGM SURDERY NOTICES AND REPORTS ON WELLS ROSWELL, MEMORY OUS Form 9-331-C for such proposals.       7. UNIT AGREEMENT NAME         NINERALS       MGM SURDERY NOTICES AND REPORTS ON WELLS ROSWELL, MEMORY OUS Form 9-331-C for such proposals.       7. UNIT AGREEMENT NAME         I. oil       gas       other Water Injection Well       8. FARM OR LEASE NAME         I. oil       gas       other Water Injection Well       9. WELL NO.         I. oil       gas       other Water Injection Well       9. WELL NO.         I. oil       gas       other Water Injection Well       9. WELL NO.         I. ool ADDRESS OF OPERATOR       10. FIELD OR WILLOAT NAME       8. FARM OR LEASE NAME         J. OL BOX 4364       Midland, Tex. 79704       1. SEC., T., R., M., OR BLK, AND SURVEY         A. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) 1700' FNL & 2310' FWL       Sec. 35, T 17 R. 27, NMPM         AT SUBRACE:       AT TOTAL DEPTH: 1583       12. COUNTY OR PARISH 13. STATE Eddy       New Mexico         I. C. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA       SUBSEQUENT REPORT RECEIVED       3598 GL         REQUEST FOR APPROVAL TO:       SUBSEQUENT REPORT RECEIVED       Starge on Form 9-330.)       Change on Form 9-330.)         MULTIPLE COMPLETE <td< th=""><td></td></td<>	
GEOLOGICAL SURVEY         OIL & TADAR, ALLOTTEL ON THE ON THE ON THE ANAME         OIL & TADAR, ALLOTTEL ON THE ON	<u></u>
MINERALS MGM SUPEDIFY NOTICES AND REPORTS ON WELLS ROSWELL, MEM-MEXAGE: form for proposals to drill or to deepen or plug back to a different ROSWELL, MEM-MEXAGE: form for proposals.)       7. UNIT AGREEMENT NAME South Redlake Grayburg         1. oil       gas well       other Water Injection Well       8. FARM OR LEASE NAME South Redlake Grayburg         2. NAME OF OPERATOR Tom R. Minihan       9. WELL NO.       6         3. ADDRESS OF OPERATOR P.O. Box 4364       Midland, Tex. 79704       10. FIELD OR WILDCAT NAME Redlake Grayburg         4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) 1700'F NL & 2310' FWL AT SURFACE: AT TOP PROD. INTERVAL: Perf. 1564 - 1569 AT TOTAL DEPTH: 1583       11. SEC., T., R., M., OR BLK. AND SURVEY AREA Sec. 35, T 17 R. 27, NMPM         16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA       SUBSEQUENT REPORT RECEIVED         REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT RECEIVED       15. ELEVATIONS (SHOW DF, KDB, AND 3598 GL         REQUEST FOR APPROVAL TO: TEST WATER SHUT-OFF       SUBSEQUENT REPORT RECEIVED         REPAIR WELL PULL OR ALTER CASING       O. C. D. ARTESNA, OFFICE         ABANDON*       ARTESNA, OFFICE	
ROSWELL, MENUMALEXIENDS form for proposals to drill or to deepen or plug back to a different       South Rediake Grayburg         I. oil       gas       other Water Injection Well       8. FARM OR LEASE NAME         1. oil       gas       other Water Injection Well       9. WELL NO.         2. NAME OF OPERATOR       6         Tom R. Minihan       0. FIELD OR WILDCAT NAME         3. ADDRESS OF OPERATOR       6         P.O. Box 4364       Midland, Tex. 79704         4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17       Sec. 35, T 17 R. 27, NMPM         4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17       Sec. 35, T 17 R. 27, NMPM         AT SURFACE:       AT TOTA DEPTH: 1583       13. STATE         Eddy       New Mexico       14. API NO.         IE. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,       REPORT, OR OTHER DATA       15. ELEVATIONS (SHOW DF, KDB, AND '3598 GL         REQUEST FOR APPROVAL TO:       SUBSEQUENT REPORT RECEIVED       15. ELEVATIONS (SHOW DF, KDB, AND '3598 GL         REQUEST FOR APPROVAL TO:       SUBSEQUENT REPORT RECEIVED       SEP 1 1982         REAGURE TREAT       SHOOT OR ACIDIZE       SEP 1 1982         REPARI WELL       OFTE: Report results of multiple completion or change on Form 9-330.)       O. C. D.         MULTIPLE COMPLETE       ABANDON* </th <td> <i>.</i></td>	<i>.</i>
1. oil well other Water Injection Well       South Redlake Grayburg         2. NAME OF OPERATOR       6         Tom R. Minihan       10. FIELD OR WILDCAT NAME         3. ADDRESS OF OPERATOR       6         Yell NO.       10. FIELD OR WILDCAT NAME         3. ADDRESS OF OPERATOR       8         P.O. Box 4364       Midland, Tex. 79704         4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) 1700' FNL & 2310' FWL       Sec. 35, T 17 R. 27, NMPM         AT SURFACE:       AT TOP PROD. INTERVAL: Perf. 1564 - 1569         AT TOTAL DEPTH:       1583         16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,       REPORT, OR OTHER DATA         REQUEST FOR APPROVAL TO:       SUBSEQUENT REPORT RECEIVED         TEST WATER SHUT-OFF       10         FRACTURE TREAT       11982         SHOOT OR ACIDIZE       SEP 1 1982         REPAIR WELL       0. C. D.         MULTIPLE COMPLETE       0. C. D.         MULTIPLE COMPLETE       0. C. D.         MULTIPLE COMPLETE       ARTESIA, OFFICE	
well       other Water Injection Well       9. WELL NO.         2. NAME OF OPERATOR       6         Tom R. Minihan       10. FIELD OR WILDCAT NAME         3. ADDRESS OF OPERATOR       10. FIELD OR WILDCAT NAME         P.O. Box 4364       Midland, Tex. 79704         4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17       Below.) 1700' FNL & 2310' FWL         AT SURFACE:       AT TOP PROD. INTERVAL: Perf. 1564 - 1569         AT TOTAL DEPTH:       1583         16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,       New Mexico         REPORT, OR OTHER DATA       15. ELEVATIONS (SHOW DF, KDB, AND MEXICO         REQUEST FOR APPROVAL TO:       SUBSEQUENT REPORT RECEIVED         TEST WATER SHUT-OFF       Image on Form 9-330.)         MULTIPLE COMPLETE       I	
Tom R. Minihan       10. FIELD OR WILDCAT NAME         3. ADDRESS OF OPERATOR       Redlake Grayburg         9. 0. Box 4364       Midland, Tex. 79704         4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17       Sec. 35, T 17 R. 27, NMPM         below.) 1700' FNL & 2310' FWL       Sec. 35, T 17 R. 27, NMPM         AT TOP PROD. INTERVAL: Perf. 1564 - 1569       Sec. 35, T 17 R. 27, NMPM         AT TOP PROD. INTERVAL: Perf. 1564 - 1569       New Mexico         AT TOTAL DEPTH:       1583         16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,       REPORT, OR OTHER DATA         REQUEST FOR APPROVAL TO:       SUBSEQUENT REPORT REPORT RECEIVED         TEST WATER SHUT-OFF       SHOOT OR ACIDIZE         FRACTURE TREAT       SEP 1 1982         NULTIPLE COMPLETE       O. C. D.         MULTIPLE COMPLETE       ARTESNA, OFFICE         ABANDON*       ARTESNA, OFFICE	
3. ADDRESS OF OPERATOR       Redlake Grayburg         9. 0. Box 4364       Midland, Tex. 79704         4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17       Sec. 35, T 17         below.) 1700' FNL & 2310' FWL       Ar SURFACE:         AT TOP PROD. INTERVAL: Perf. 1564 - 1569       Sec. 35, T 17       R. 27, NMPM         12. COUNTY OR PARISH       13. STATE         Eddy       New Mexico         14. API NO.       New Mexico         15. ELEVATIONS (SHOW DF, KDB, AND         Stort or ACIDIZE       SUBSEQUENT REPORT         FRACTURE TREAT       SHOOT OR ACIDIZE         REPAIR WELL       SEP         PULL OR ALTER CASING       O. C. D.         MULTIPLE COMPLETE       O. C. D.         ARTESIA, OFFICE       ARTESIA, OFFICE	····
P.O. Box 4364       Midland, Tex. 79704         4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) 1700' FNL & 2310' FWL AT SURFACE: AT TOP PROD. INTERVAL: Perf. 1564 - 1569 AT TOTAL DEPTH: 1583       11. SEC., T., R., M., OR BLK. AND SURVEY AREA Sec. 35, T 17 R. 27, NMPM         12. COUNTY OR PARISH AT TOP PROD. INTERVAL: Perf. 1564 - 1569 AT TOTAL DEPTH: 1583       13. STATE Eddy         16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA       14. API NO.         SUBSEQUENT REPORT REPORT RECEIVED         TEST WATER SHUT-OFF         FRACTURE TREAT       SHOOT OR ACIDIZE         SHOOT OR ACIDIZE       SEP 1 1982 CHANGE ON Form 9-330.)         MULTIPLE COMPLETE       O. C. D.         ARTESIA, OFFICE       ARTESIA, OFFICE	
4. EUCATION OF WELL (ALFORT EXCALLS SEE Space 17)       Sec. 35, T 17 R. 27, NMPM         below.) 1700' FNL & 2310' FWL       AT SURFACE:         AT SURFACE:       AT TOP PROD. INTERVAL: Perf. 1564 - 1569         AT TOTAL DEPTH:       1583         16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,       Image: Country of Parish 13. STATE         REPORT, OR OTHER DATA       Image: Country of Parish 13. State         REQUEST FOR APPROVAL TO:       SUBSEQUENT REPORT REPORT RECEIVED         TEST WATER SHUT-OFF       Image: Country of Parish 13. State         FRACTURE TREAT       Image: Country of Parish 13. State         SHOOT OR ACIDIZE       Image: Country of Parish 13. State         PULL OR ALTER CASING       Image: Country of Parish 13. State         MULTIPLE COMPLETE       Image: Country	' OR
AT SURFACE:       AT TOP PROD. INTERVAL: Perf. 1564 - 1569       12. COUNTY OR PARISH       13. STATE         AT TOTAL DEPTH:       1583       16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,       14. API NO.         REPORT, OR OTHER DATA       15. ELEVATIONS (SHOW DF, KDB, AND 3598 GL       15. ELEVATIONS (SHOW DF, KDB, AND 3598 GL         REQUEST FOR APPROVAL TO:       SUBSEQUENT REPORT RECEIVED       3598 GL         TEST WATER SHUT-OFF	
AT TOP PROD. INTERVAL: Perf. 1564 - 1569       Eddy       New Mexico         AT TOTAL DEPTH:       1583       14. API NO.         16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA       15. ELEVATIONS (SHOW DF, KDB, AND 3598 GL         REQUEST FOR APPROVAL TO:       SUBSEQUENT REPORT RECEIVED         TEST WATER SHUT-OFF       Image: State of multiple completion or change on Form 9-330.)         SHOOT OR ACIDIZE       Image: On Form 9-330.)         MULTIPLE COMPLETE       Image: On Form 9-330.)         MULTIPLE COMPLETE       Image: On Form 9-330.)         AT TOTAL DEPTH:       Image: On Form 9-330.)         ARTESIA, OFFICE       ARTESIA, OFFICE	<u> </u>
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,       14. API NO.         16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,       15. ELEVATIONS (SHOW DF, KDB, AND 3598 GL         REQUEST FOR APPROVAL TO:       SUBSEQUENT REPORT RECEIVED         TEST WATER SHUT-OFF       15. ELEVATIONS (SHOW DF, KDB, AND 3598 GL         FRACTURE TREAT       15. ELEVATIONS (SHOW DF, KDB, AND 3598 GL         SHOOT OR ACIDIZE       16. SUBSEQUENT REPORT RECEIVED         REPAIR WELL       16. SEP 1 1982         PULL OR ALTER CASING       16. C. D.         MULTIPLE COMPLETE       16. O. C. D.         CHANGE ZONES       16. ARTESIA, OFFICE	
REPORT, OR OTHER DATA       15. ELEVATIONS (SHOW DF, KDB, AND 3598 GL         REQUEST FOR APPROVAL TO:       SUBSEQUENT REPORT RECEIVED         TEST WATER SHUT-OFF       Image: Complete completion of change on Form 9-330.)         SHOOT OR ACIDIZE       Image: Complete complete completion of change on Form 9-330.)         MULTIPLE COMPLETE       Image: Complete complete complete complete completion of change on Form 9-330.)         MULTIPLE COMPLETE       Image: Complete compl	
TEST WATER SHUT-OFF	WD)
FRACTURE TREAT       Image: Step 1 1982         SHOOT OR ACIDIZE       Image: Step 1 1982         REPAIR WELL       Image: Step 1 1982         PULL OR ALTER CASING       Image: Step 1 1982         MULTIPLE COMPLETE       Image: Step 1 1982         CHANGE ZONES       Image: Step 1 1982         ABANDON*       Image: Step 1 1982         Report results of multiple completion or change on Form 9–330.)         O. C. D.         ARTESIA, OFFICE	
REPAIR WELL       Image: SEP I 150C (NOTE: Report results of multiple completion or PULL OR ALTER CASING         PULL OR ALTER CASING       Image: Sep I 150C (NOTE: Report results of multiple completion or change on Form 9–330.)         MULTIPLE COMPLETE       Image: Sep I 150C (NOTE: Report results of multiple completion or change on Form 9–330.)         CHANGE ZONES       Image: Sep I 150C (NOTE: Report results of multiple completion or change on Form 9–330.)         ARTESIA, OFFICE       Image: Sep I 150C (NOTE: Report results of multiple completion or prime 9–330.)         ARTESIA, OFFICE       Image: Sep I 150C (NOTE: Report results of multiple completion or prime 9–330.)	
PULL OR ALTER CASING       Imathematical completion of the second point of the second	
CHANGE ZONES ARTESIA, OFFICE	Zone
ABANDON*	
(other) <u>Clean out and fracture treat</u> present injection interval	
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give subsurface locations measured and true vertical depths for all markers and zones pertinent to this work.)*	ates, and
Clean out and sad frac present injection interval and pump test well. Commence work Sept. 28, 1982 approximately.	
1. Pull tubing and packer. Install BOP. Clean out to 1570',	
2. Pick up 5 $1/2 \ge 7/8$ RTTS packer on 2 $7/8$ tubing. Load hole. Set	
packer approx. 1475'. Test 5 1/2 casing with 800#. Maintain 800#	
while treating well. 3. Sand frac with 10,000 gals. gel water - 20,000# 20/40 sd. down 2 7/8	
tubing under packer.	
4. Equip well to pump.	
5. Pump test 30 days. If commercial submit necessary forms to change	
Subsurface Safety Valve: Manu. and Type Set @ Set @	_ Ft.
18. I hereby certify that the foregoing is true and correct	
SIGNED form Mining TITLE Operator DATE 8/19/82	
APPROVED(This space for Federal or State office use)	
APPROVED BY	<u> </u>
CONDITIONS OF APPROVAL, IF ANY:	
AUG 3 1 1982	
FOR JAMES A. GILLHAM •See Instructions on Reverse Side DISTRICT SUPERVISOR	

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