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Dec. 1979

NM OIL CONS. COMMISSION

Drawer DD

Artesia, NM 88210

Form Approved.

Budget Bureau No. 42-R1424

2/58

UNITED STATES

DEPARTMENT OF THE INTERIOR

GEOLOGICAL SURVEY

OIL & GAS

MINERALS MANAGEMENT SERVICE
ROSWELL, NEW MEXICO
NOTICES AND REPORTS ON WELLS

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 Water Injection Well

2. NAME OF OPERATOR
Tom R. Minihan

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
AT TOTAL DEPTH: 1583

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* ☐

SUBSEQUENT REPORT

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O. C. D.
ARTESIA, OFFICE

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

(other) Clean out and fracture treat present injection interval

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.)*

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 x 2 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 @ _____ 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 James A. Gillham TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

AUG 31 1982

FOR

JAMES A. GILLHAM
DISTRICT SUPERVISOR

*See Instructions on Reverse Side