

UNITED STATES
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 ☒ Injection
2. NAME OF OPERATOR
L. Texas Enterprises, Inc. ✓
3. ADDRESS OF OPERATOR
Suite 1601, 1 Houston Ctr., Houston, Tx. 77002
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) Unit I: 2310' FSL & 990' FEL of Sec.35
AT SURFACE:
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 | <input type="checkbox"/> | <input type="checkbox"/> |
| FRACTURE TREAT | <input type="checkbox"/> | <input type="checkbox"/> |
| SHOOT OR ACIDIZE | <input type="checkbox"/> | <input type="checkbox"/> |
| REPAIR WELL | <input type="checkbox"/> | <input type="checkbox"/> |
| PULL OR ALTER CASING | <input type="checkbox"/> | <input type="checkbox"/> |
| MULTIPLE COMPLETE | <input type="checkbox"/> | <input type="checkbox"/> |
| CHANGE ZONES | <input type="checkbox"/> | <input type="checkbox"/> |
| ABANDON* | <input type="checkbox"/> | <input type="checkbox"/> |
| (other) Change of Ownership | | <input checked="" type="checkbox"/> |

(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.)*

Change of operator from S & U Oil Co. to L. Texas Enterprises, Inc. (Lessee)
effective August 1, 1980

RECEIVED

SEP 24 1980

O. C. D.
ARTESIA, OFFICE

RECEIVED

AUG 28 1980

U.S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

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

SIGNED Lynne E. Foster TITLE Agent DATE 8/15/80

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

