N. CONTRACTOR

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| UNITED STATES DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY SUNDRY NOTICES AND REPORTS ON WELLS (Do not use the form for properties to drift on the deepen or plug back to a different well | Form 9–331 Dec. 1973 | Form Approved. Budget Bureau No. 42–R1424 |
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| GEOLOGICAL SURVEY 6. IF INDIAN, ALLOTTEE OR TRIBE NAME SUNDRY NOTICES AND REPORTS ON WELLS (be not use this form for poppeaks to different well | | 5. LEASE |
| CDC and use this form the proposals to difficult or to deepen or plug back to a different well A FARM OR LEASE NAME Citer NOV 0.9 198 Citer NOV 0.9 198 S WELL NO. TELD OR WILCEATOR A COARTON OF WELL (REPORT LOCATION CLEARLY. See space 17 A FIELD OR WILCEAT LANK A LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 A SUPFACE: 3300⁺ FSL & 6.75⁺ FEL Sec. 31, T165, TEL A COUNTY OF PROD. INTERVAL: Same Eddy County, N. H. A TOPA PROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA ELEVATIONS (SHOW DF, KOB, AND WD) COLONTY OR PARISH 13, STATE A PARINO, OR WELL (REPORVAL TO: SUBSEQUENT REPORT OF: SUBSEQUENT REPORT OF: ELEVATIONS (SHOW DF, KOB, AND WD) COLL & CAS SOUTO R APROVAL TO: SUBSEQUENT REPORT OF: SUBSEQUENT REPORT OF: SOUTO R APROVAL TO: SUBSEQUENT REPORT OF: SUBSEQUENT REPORT OF: SOUTO R APROVAL TO: SUBSEQUENT REPORT OF: <l< td=""><td>GEOLOGICAL SURVEY</td><td></td></l<> | GEOLOGICAL SURVEY | |
| 1. oil | | 7. UNIT AGREEMENT NAME RECEIVED |
| NUTLING WHELL NO. 9. WELL NO. 9. | | 8. FARM OR LEASE NAME Grier NOV 0 9 1981 |
| Anddarko Production Company / I. FIELD OR WILDCAT NAME ARTESLA. CFF 3. ADDRESS OF OPERATOR P. O. Box 67, Loco Hills, New Mexico 88255 I. SEC. T. R. M. OR BLK. AND SURVEY OR 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 AFEA II. SEC. T. R. M. OR BLK. AND SURVEY OR A TOP PROD. INTERNAL: Same Eddy County, N. M. AFEA II. SEC. T. R. M. OR BLK. AND SURVEY OR AT TOP PROD. INTERNAL: Same Eddy County, N. M. II. SEC. T. R. M. OR BLK. AND SURVEY OR AT TOP PROD. INTERNAL: Same Eddy County, N. M. AT TOP AND ON THER DATA Same 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE. II. ELEVATIONS (SHOW DF, KOB, AND WD) SUBSEQUENT REPORT OF: II. SEC. T. R. M. ON THER DATA REPORT, OR OTHER DATA SUBSEQUENT REPORT OF: II. SEC. T. R. M. ON THERE ON TORE IS. CHECK ASHOW DF, KOB, AND WD) SB52 DF REPART WELL PULL OR ALTER CASING II. SEC. T. R. M. ON THERE ON TO THE DATA REPORT, OR OTHER DATA SUBSEQUENT REPORT OF: II. SEC. T. R. M. ON THE PROPARTIES ON THE DATA REPORT, OR OTHER DATA SUBSEQUENT REPORT OF: II. SEC. T. R. M. ON THE DATA REPORT, OR OTHER DATA SUBSEQUENT REPORT OF: II. EVALUATE CASING MULTIPLE COM | 2. NAME OF OPERATOR | 9. WELL NO. |
| 1. CO. DOX 07, LOCO INITIS, New Mexico 8233 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) AT SURFACE: 3300' FSL & 675' FEL Sec. 31, T165, AT TOP PROD. INTERVAL: Same Eddy County, N. M. AT TOTAL DEPTH: Same 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE. 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE. 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE. 17. ELEVATIONS (SHOW OF, KDB, AND WD) 18. CLEVATIONS (SHOW OF, KDB, AND WD) 19. CLEVATIONS | 3. ADDRESS OF OPERATOR | 10. FIELD OR WILDCAT NAME ARTESIA, OFFICE |
| AT SURFACE: 3300' FSL & 675' FEL Sec. 31,T165, AT TOTAL DEPTH: Same Eddy County, N. M. AT TOTAL DEPTH: Same 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE. REPORT. OR OTHER DATA REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: TEST WATER SHUTOFF FRACTURE TREAT SHOOT OR ACDIZE REPAIR WELL PULL OR ALTER CASING MULTIPLE COMPLETE COMPLETE COMPLETE 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.)* 1. Rig up pulling unit to repair possible tubing leak. 2. Trip out of hole with packer. 3. Hydrotest tubing and packer in hole; replace defective joints. 4. Girculate packer. 5. Reset packer. 6. Pressure test 5½' casing to 700 psig. 7. Rig down pulling unit. 8. Return well to injection. Subsurface Safety Valve: Manu. and Type | 4. LOCATION OF WELL (REPORT LOCATION CLEARLY, See space 17 | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA |
| 14. API NO. 15. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE. REPORT, OR OTHER DATA REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: TEST WATER SHUT-OFF PRACTURE TREAT SHOOT OR ACIDIZE SHOOT OR ACIDIZE SHOOT OR ACIDIZE PULL OR ALTER CASING OUL A GAS US GEOLOCICCAL SURVEY ROBULTER COMPLETE OUL A GAS US GEOLOCICCAL SURVEY ROBULTER COMPLETE OUL A GAS US GEOLOCICCAL SURVEY ROBULTER COMPLETE US GEOLOCICCAL SURVEY ROBULTER COMPLETE DOPERATIONS (Clearly state all pertinent details, and give pertinent dates, including gestimated date of stating 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.)* 1. Rig up pulling unit to repair possible tubing leak. 2. Trip out of hole with packer. 3. Hydrotest tubing and packer in hole; replace defective joints. 4. Circulate packer fluid (chemical water). 5. Reset packer. 6. Pressure test 5½" casing to 700 psig. 7. Rig down pulling unit. 8. Return well to injection. <td>AT SURFACE: 3300' FSL & 675' FEL Sec. 31,T16S, AT TOP PROD. INTERVAL: Same Eddy County, N. M.</td> <td>12. COUNTY OR PARISH 13. STATE</td> | AT SURFACE: 3300' FSL & 675' FEL Sec. 31,T16S, AT TOP PROD. INTERVAL: Same Eddy County, N. M. | 12. COUNTY OR PARISH 13. STATE |
| Is. ELEVATIONS (SHOW DF, KDB, AND WD) 3852 DF Is. ELEVATIONS (SHOW DF, KDB, AND WD) 3852 DF Itest watter shuttoff FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL WULTIPLE COMPLETE ONLA GAS ABANDON* ONLA GAS ROBINITY REPAIR WELL Change Zones ONLA GAS ROBINITY ROBOT OR ACIDIZE (other) Possible tubing leak ONLA GAS ROBOTOR COMPLETED OPERATIONS (Clearly state all pertiment details, and give pertiment 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 pertiment to this work.)* 1. Rig up pulling unit to repair possible tubing leak. 2. Trip out of hole with packer. 3. Hydrotest tubing and packer in hole; replace defective joints. 4. Circulate packer fluid (chemical water). 5. Reset packer. 6. Pressure test 5½" casing to 700 psig. 7. Rig down pulling unit. 8. Return well to injection. Subsurface Safety Valve: Manu. and Type Set @ | 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE. | |
| <pre>TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REFAIR WELL PULL OR ALTER CASING ULL OR ALTER CAS</pre> | | 15. ELEVATIONS (SHOW DF, KDB, AND WD) 3852 DF |
| 2. Trip out of hole with packer. 3. Hydrotest tubing and packer in hole; replace defective joints. 4. Circulate packer fluid (chemical water). 5. Reset packer. 6. Pressure test 5½" casing to 700 psig. 7. Rig down pulling unit. 8. Return well to injection. Subsurface Safety Valve: Manu. and Type | TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL PULL OR ALTER CASING MULTIPLE COMPLETE CHANGE ZONES ABANDON* (other) Possible tubing leak 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state including estimated date of starting any proposed work of well is determined. | GAS CAL SURVEY W MEXICO all pertinent details, and give pertinent dates, |
| 5. Reset packer. 6. Pressure test 5½" casing to 700 psig. 7. Rig down pulling unit. 8. Return well to injection. Subsurface Safety Valve: Manu. and Type | Trip out of hole with packer. Hydrotest tubing and packer in hole; repla Circulate packer fluid (chemical water). | |
| 8. Return well to injection. Subsurface Safety Valve: Manu. and Type | 5. Reset packer. 6. Pressure test 5½" casing to 700 psig. | |
| 18. I hereby certify that the foregoing is true and correct SIGNED | | |
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| 18. I hereby certify that the foregoing is true and correct SIGNED | Subsurface Safety Valve: Manu. and Type | Set @ Ft. |
| | 18. I hereby certify that the foregoing is true and correct | |
| (Ordg. Sort) Directory and a spare for redetation State Office use) | | |
| (Orig. Sod.) PETER W. CHEDIER TILE DATE DATE | (Ortg. Sod.) PERLE W. CHLUID THE | |
| NOV 6 1981 | | |

JAMES A. GILLHAM DISTRICT SUPERVISOD*See Instructions on Reverse Side

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