

UNITED STATES OIL COMMISSION
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY
Artesia, NM 88210

C/SF

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.)

RECEIVED

APR 30 1982

O. C. D.
ARTESIA, OFFICE

1. oil ☐ gas ☒ other ☐

2. NAME OF OPERATOR
MWJ PRODUCING COMPANY

3. ADDRESS OF OPERATOR
1804 First National Bank Bldg Midland, Tx 79701

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1980' FNL & 660' FWL
AT TOP PROD. INTERVAL:
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 SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) ☐

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

Instructions

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.)*

Amended Report

To show well potentialized 3/26/82 @ 1071 MCFPPF, 3 BCPD & 6 BWPD. Well SI, waiting on gas connection.

APR 14 1982

Subsurface Safety Valve: Manu. and Type _____

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

SIGNED Carl Bishop TITLE Agent

DATE

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

APR 30 1982

U.S. GEOLOGICAL SURVEY
ROSARITO, NEW MEXICO

General: This form is designed for submitting proposals to perform certain well operations, and reports of such operations when completed, as indicated, on Federal and Indian lands pursuant to applicable Federal law and regulations, and, if approved or accepted by any State, on all lands in such State, pursuant to applicable State law and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office.

Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

Item 17: Proposals to abandon a well and subsequent reports of abandonment should include such special information as is required by local Federal and/or State officials. In addition, such proposals and reports should include reasons for the abandonment; data on any former or present productive zones, or other zones with present significant fluid contents not sealed off by cement or otherwise; depths (top and bottom) and method of placement of cement plugs; mud or other material placed below, between and above plugs; amount, size, method of parting of any casing, liner or tubing pulled and the depth to top of any left in the hole; method of closing top of well; and date well site conditioned for final inspection looking to approval of the abandonment.

3

DPO : 1976 O - 2145146
L'Espresso
Chilite
(R.) *

1. 25 to 100 ft. deep

ETAC

1990-1991

3750

55-154

1970-1971, the first year of the study, the average number of birds per nest was 1.5.

2025-01-26 10:10:10

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3 OCT 2 1964 1701 15,000 8 Definitive New York

22609. *Microgaster*

1X. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details including estimated date of starting any proposed work. If well is directionally drilled, note start and true vertical depth for all markers and zones pertinent to this work). *

ABANDON
CHANGE ZONES
MULTIPLE COMPLETE
PULL OR AFTER CASING
REPAIR WELL
SHOOT OR ACIDIZE
FRACTURE TREAT
TEST WATER SHUT OFF
REQUEST FOR APPROVAL TO:

SUBSEQUENT REPORT OF:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE REPORT OR OTHER DATA

AT SURFACE: 1980' FWT & 060' FWT
AT TOP BROD. INTERVAL
AT TOTAL DEPTH: 200'

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17

ST. JOSEPH'S HOSPITAL, 1000 N. 10TH ST., ST. JOSEPH, MO.

3. ADDRESS OF OFFICER

5. NAME OF OPERATOR

19/10 259 1151 1151 1151

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