

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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.)

1. oil ☒ well gas ☐ well other ☐
2. NAME OF OPERATOR
RPM Energy, Inc.
3. ADDRESS OF OPERATOR
613 Commercial Bank Tower, Midland, TX
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 330' FNL, 380' FEL, Sec 21-16S-26E
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 Casing Program | | | |

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 Casing Program as follows:

12-3/4" surface casing to 400'. Cmt w/360 sx Halliburton Class "C". (Circ.)
7" casing to 1100'. Cmt w/360 sx Halliburton Class "C". (Circ.)
4 1/2" casing to 1400'. Cmt w/160 sx Halliburton Class "C".

1981

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

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

SIGNED [Signature] TITLE Vice-President DATE 10/30/81

APPROVED (This space for Federal or State office use)
(Orig. Sgd.) ROGER A. CHAPMAN

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

NOV 5 1981
FOR
JAMES A. GILLHAM
DISTRICT SUPERVISOR

*See Instructions on Reverse Side

5. LEASE
NM 14297-A
6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
CITCO FEDERAL

9. WELL NO.
2-Y

10. FIELD OR WILDCAT NAME
Undesignated San Andres

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 21, T-16-S, R-26-E

12. COUNTY OR PARISH
Eddy

13. STATE
New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
3356 GL

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

RECEIVED

NOV 17 1981

O. C. D.

ARTESIA OFFICE