

UNITED STATES Artesia, NM 88210  
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 ☐  
2. NAME OF OPERATOR  
RPM Energy, Inc.  
3. ADDRESS OF OPERATOR  
613 Commercial Bank Tower, Midland, TX 79701  
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 330' FNL, 380' FNL  
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) <u>Well Report</u>	<input type="checkbox"/>		<input type="checkbox"/>

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.)\*

1/21/82	0 BO	1.16 bbls wtr
1/22/82	.32 BO	1.80 bbls wtr
1/23/82	.16 BO	1.48 bbls wtr
1/24/82	.48 BO	1.64 bbls wtr
1/25/82	.32 BO	1.16 bbls wtr

5. LEASE  
NM 14297-A  
6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
7. UNIT AGREEMENT NAME FEB 24 1982  
8. FARM OR LEASE NAME O. C. D.  
CITCO Federal ARTESIA, OFFICE  
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.)

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED Debi Dean TITLE Prod. Secretary DATE 1/25/82

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

