

C/SF

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 <input checked="" type="checkbox"/> gas well <input type="checkbox"/> other <input type="checkbox"/>	5. LEASE NM-15868
2. NAME OF OPERATOR MWJ PRODUCING COMPANY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 1804 FNB Bldg. Midland, Texas 79701	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (REPORT LOCATION CLEARLY, INCLUDING ZONE, SURFACE, AND DEPTH.) AT SURFACE: 1650' FSL & 2260' FSL AT TOP PROD. INTERVAL: AT TOTAL DEPTH: same	8. FARM OR LEASE NAME Rutter Federal
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA <input checked="" type="checkbox"/> TEST WATER SHUT-OFF <input type="checkbox"/> FRACTURE TREAT <input type="checkbox"/> SHOOT OR ACIDIZE <input type="checkbox"/> REPAIR WELL <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPLETE <input type="checkbox"/> CHANGE ZONES <input checked="" type="checkbox"/> ABANDON* (other)	9. WELL NO. 1
	10. FIELD OR WILDCAT NAME Empire, Y-SR
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 25, T-17S, R-27E
	12. COUNTY OR PARISH Eddy
	13. STATE New Mexico
	14. API NO.
	15. ELEVATIONS (SHOW DF, KDB, AND WD) 3581.6' GL

SUBSEQUENT REPORT OF:

(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.)*

7/8: Drld to TD of 514'. Pulled 304' 8-5/8" csg (protective string). Ran 500' 1". Pmpd 100 sx cmt. Pulled 250' 1", pmpd 100 sx cmt, cmt up to 190'. Pmpd 25 sx cmt & circ'd to 150'. Pmpd 70 sx & circ'd to surface. Well P & A.

Witnessed by representative of Minerals Management.
Verbal approval received prior to plugging.

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

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

SIGNED Jal Bishop TITLE Agent DATE 7/13/82

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE 6-24-84

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

Post ID- 2
7-30-82
P4A

