

45F

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

RECEIVED BY

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to plug or plug back to a different reservoir. Use Form 9-331-C for such proposals.)

1. oil ☒ gas ☐ other ☐

O. C. D.
ARTESIA, OFFICE

2. NAME OF OPERATOR

Beach Exploration, Inc

3. ADDRESS OF OPERATOR

800 N. Marienfeld, Ste 200, Midland, TX

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

AT SURFACE: 660' FEL & FSL of Section

AT TOP PROD. INTERVAL: Same

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 ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

CHANGE ZONES ☐

ABANDON* ☐

(other) Spud

5. LEASE

Exxon Federal

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

NM 26072

8. FARM OR LEASE NAME

Exxon Federal

9. WELL NO.

1

10. FIELD OR WILDCAT NAME

High Lonesome - B. W. W.

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 18, T-16-S, R-29-E

12. COUNTY OR PARISH

Eddy

13. STATE

New Mexico

14. API NO.

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

(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.)*

4-29-85 Spud 3:30 PM

4-30-85 Ran 7 Jts. 8 5/8" Casing, Set @302', Cmt. w/125 Sxs, ClC 2% CaCl. PD 2:48 AM Waited 2 hrs., cement fell to 53', PU 2 Jts. 1" Tbg, cemented 100 Sxs Cl C 4% Cl CaCl PD 10:30 AM. Circulated 10 Sxs.

4-31-85 thru 5-4-85 Drilled to 1840'. Ran 44 Jts. 4 1/2" 10.5#, J-55, ST&C, Set at 1840' Cement w/200 Sxs. Hal Lite, tailed w/175 Sxs Cl C 50/50 Poz PD 12:30 Circ. 27 Sxs.

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

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

SIGNED Juliana Anton TITLE Production DATE 6-7-85

(This space for Federal or State office use)

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

JUL 1 1985

*See Instructions on Reverse Side

CARLSBAD, NEW MEXICO