

**NM OIL CONS. COMMISSION**

Drawer DD  
Artesia, NM 88210

987

Form 9-331  
Dec. 1973

Form Approved.  
Budget Bureau No. 42-R1424

**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    gas ☐ well    other ☐

2. NAME OF OPERATOR  
Diamondback Petroleum Inc.

3. ADDRESS OF OPERATOR  
P.O. Box 2938 Ruidoso NM, 88345

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

AT SURFACE: 4620 FSL 990 FWL  
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 ☐  
FRACTURE TREAT ☐  
SHOOT OR ACIDIZE ☐  
REPAIR WELL ☐  
PULL OR ALTER CASING ☐  
MULTIPLE COMPLETE ☐  
CHANGE ZONES ☐  
ABANDON\* ☐  
(other) ☐

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5. LEASE

6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
NM-18226

7. UNIT AGREEMENT NAME **RECEIVED BY**

8. FARM OR LEASE NAME  
LYLE Fed

**AUG 30 1983**

9. WELL NO.  
2

**O. C. D.  
ARTESIA, OFFICE**

10. FIELD OR WILDCAT NAME

Wildcat

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

Sec 5-16S-30E

12. COUNTY OR PARISH Eddy 13. STATE NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)  
3794.3 Gr. 3798 KB

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

**RECEIVED**

AUG 25 11 09 AM '83

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.)\*

8-11-83 Perf 2253-2341 W/ 13 .40 cal shots  
Acidize w/800 gal 7½% HCl rate 4 bpm @ 1900#  
Swab back load

8-12-83 Frac well w/ 10,000 gal gel wtr 6,000#20/40 sd 4,500# 10-20  
Avg. 12.9 BPM @ 3200# Tubbing ISDP 1625# 15 min 1550#  
Flow and swab well back

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

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

SIGNED \_\_\_\_\_ TITLE Geologist

DATE 8-15-83

**ACCEPTED FOR RECORD**

(This space for Federal or State office use)

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

**AUG 26 1983**