

NM OIL CONS. CO. ASSOCIATION
Drawer DD
Artesia, NM

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 ☒ gas ☐ other ☐
well well
2. NAME OF OPERATOR
H & S Oil Company
3. ADDRESS OF OPERATOR
216 American Home Bldg.-Artesia, NM
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1980' FSL 660' 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:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) ☐

SUBSEQUENT REPORT OF:

☐
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☐

RECEIVED BY

MAY 15 1984

O. C. D.

ARTESIA, OFFICE

5. LEASE
NM 41656
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Amoco
9. WELL NO.
1
10. FIELD OR WILDCAT NAME
Red Lake (Q.GB.SA)
11. SEC., T., R., M., OR BLK. AND SURVEY OR
AREA
Sec. 13-T17S-R27E
12. COUNTY OR PARISH
Eddy
13. STATE
NM
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
3518.3 GR

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.)*

2/2/84 Ran 279' of 8 5/8" 23# Casing. Cemented w/215 sacks cement. Circulated 50 sacks to pit.

2/7/84 TD 2355' - Ran 2369' of 15.5# 5 1/2" Casing. Cemented w/200 sacks 50/50 pos mix and 415 sacks class C cement. Circulated 10 sacks to pit.

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

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

SIGNED Robert D. Spurr TITLE Partner DATE 2/13/84

ACCEPTED FOR RECORD (This space for Federal or State office use)

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

MAY 1 1984

Carlsbad, NEW MEXICO *See Instructions on Reverse Side