

Form 9-331
RECEIVED BY
DEC 11 1984
UNITED STATES DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY
O. C. D.
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
H & S OIL COMPANY ✓
3. ADDRESS OF OPERATOR
SUITE 303 FIRST NATL BANK BLDG ARTESIA NM 882
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
1980' FNL 660' FWL
AT SURFACE: Sec 13- T17S- R27E
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 checked="" type="checkbox"/>
ABANDON*	<input type="checkbox"/>		<input type="checkbox"/>
(other)			

5. LEASE
NM 02931
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
MUNCY Federal
9. WELL NO.
2
10. FIELD OR WILDCAT NAME
RED LAKE, Q.G.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)
3510 GR

(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.)*

12-4-84 Set bridge plug @ 1617' to shut off lower zone water production.
Verbal approval 11-21-84.

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

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

SIGNED Robert R. Spurr TITLE PARTNER DATE 12-6-84

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

APPROVED BY Dec 10 TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

DEC 10 1984

Calder

*See Instructions on Reverse Side

