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Form 9-331

Dec. 1973

JAN 11 1985

O. C. D.

ARTESIA, OFFICE

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

3. ADDRESS OF OPERATOR

P.O. Box 2938, Ruidoso NM 88345

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

1980 FSL & 1905 FEL

AT SURFACE:

AT TOP PROD. INTERVAL:

AT TOTAL DEPTH: Same

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)

Spud

SUBSEQUENT REPORT OF:

5. LEASE

LC 058594 -A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Levers Federal

9. WELL NO.

7

10. FIELD OR WILDCAT NAME

Cave - G - SA

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

Sec. 33-T16S-R29E

12. COUNTY OR PARISH 13. STATE

Eddy

NM

14. API NO.

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

3599 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.)*

12/1/84 Spud 12 1/4" hole @ 3:15 PM
 TD 260' Run 250' 8 5/8" 24# csng cmt w/ 200 sxs class "C"
 2% CaCl2 PD @ 3:31 AM 12/2/84 cir 15 sxs to pit

12/2/84 Pressure test csng to 500# held 30 min. Drill out w/ 7 7/8"

12/10/84 TD 3575 Run CNL/FDC, DLL logs.

12/11/84 Run 3568' of 5 1/2" 17# csng cmt w/ 1600 sxs Dowell lite
 2% CaCl2 plug down @ 1:49 PM cir 375 sxs to pit
 WOC 18 Hrs. pressure test csng to 800# held 30 min.

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

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

SIGNED _____ TITLE Geologist DATE 12/20/84

(This space for Federal or State office use)

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