

C/SF

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UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY
DEC 13 1984

SONDRY 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 9-331C for such proposals.)

1. oil ☒ gas ☐
well well other

2. NAME OF OPERATOR

Joe L. Tarver

3. ADDRESS OF OPERATOR

P. O. Box 763, Hobbs, NM 88241

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

AT SURFACE: 990' FNL & 990' FEL

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) ☐

5. LEASE

LC-050158

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

South Red Lake Grayburg Unit

8. FARM OR LEASE NAME

9. WELL NO.

44

10. FIELD OR WILDCAT NAME

Red Lake Grayburg - SA

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

Sec. 35, T17S, R27E

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.)*

Spud 1:00 PM 9/21/83. Cemented 8 5/8" 20# & 28# H-40 casing at 353' with 200 sacks Dowell Tailend cement. Cement circulated to surface. Plug down 7:51 PM 9/22/83.

Cemented 4 1/2" 9.5# J-55 casing at 2493 with 400 sacks lite cement, 2% calcium chloride & 350 sacks Dowell Tailend cement, 2% calcium chloride. Plug down 4:48 PM 10/3/83. Cement circulated to surface.

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

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

SIGNED W. H. H. H. TITLE Agent DATE 10/24/84

(This space for Federal or State office use)

APPROVED BY SWO TITLE _____ DATE _____

CONDITIONS OF APPROVAL IF ANY: NOV 9 1984

Carlsbad

*See Instructions on Reverse Side