

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 Temp. ☐ Abandoned

2. NAME OF OPERATOR
Premier Production Company

3. ADDRESS OF OPERATOR
P.O. Box 1246, Artesia, NM

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1330' FNL 2310' FWL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH: Unit F

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 type="checkbox"/>
ABANDON*	<input type="checkbox"/>	<input type="checkbox"/>
(other) Casing Integrity		

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.)*
11/30/90 Rigged up I&W w/75 bbl packer fluid to pressure test casing. Pumped 5 bbls fluid & casing was full, pumping thru 2" sub; packed off on 7" casing. Pressure tested to 300#. Chart (enclosed) indicated didn't hold; observed casinghead leaking. BLM witnessed test. Casing full of fluid; didn't appear to be leaking. Request approval for casing integrity to pass.

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

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

SIGNED [Signature] TITLE owner/operator DATE 12/14/90

(This space for Federal or State office use)

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

APPROVED FOR 12 MONTH PERIOD
ENDING 3/31/92

*See Instructions on Reverse Side

5. LEASE
LC-029338B 056616 B

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Gissler "A"

9. WELL NO.
3

10. FIELD OR WILDCAT NAME
Grayburg-Jackson

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Section 23 T-17S R-30E

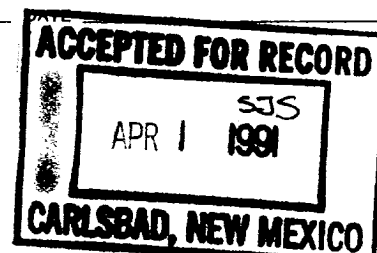
12. COUNTY OR PARISH
Eddy

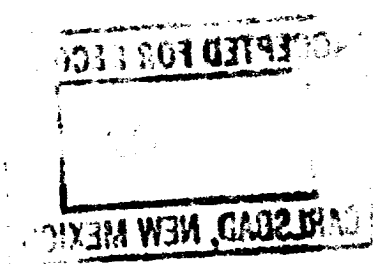
13. STATE
NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
3666

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





RECEIVED

APR - 4 1991

O. C. D.
ART. 1552

