C/2-84

Form 9-331 NM OIL CONS. COMMISSI
Dec. Drawer DD
Artesia, NM 88210

RECEIVED BY

JUN 11 1984

O. C. D.
ARTESIA OFFICE

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

Form Approved.
Budget Bureau No. 42–R1424

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
   Virtis Drilling

3. ADDRESS OF OPERATOR
   207 South 4th St, Artesia, NM 88210

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
   AT SURFACE: 1980' FSL & 1980' FEL
   AT TOP PROD. INTERVAL:
   AT TOTAL DEPTH:

5. LEASE
   LC-058126 NM 54183
6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
   South Loco Hills Unit
8. FARM OR LEASE NAME
   South Loco Hills Unit
9. WELL NO.
   #12
10. FIELD OR WILDCAT NAME
    Loco Hills-Q-G-SA
11. SEC. T., R., M., OR BLK. AND SURVEY OR AREA
    Sec. 19-T18S-R29E
12. COUNTY OR PARISH 13. STATE
    Eddy   N.M.
14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
    3563' GR

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) Put well back on production.

(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.)*

This well was temp. abandon. Tubing, rods and pumping equipment were still usable. We put well back on production.

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

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

SIGNED _____ TITLE Production Supervisor   4/24/84

(This space for Federal or State office use)

APPROVED BY _____ JUN 8 1984 ____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY

NEW MEXICO

*See Instructions on Reverse Side