Form 9-331 Form Approved. Dec. 1973 Budget Bureau No. 42-R1424 UNITED STATES 5. LEASE DEPARTMENT OF THE INTERIOR C/SF IC 050906 GEOLOGICAL SURVEY 6. IF INDIAN, ALLOTTEE OR TRIBE NAME Filer Z UNIT AGREEMENT NAME SUNDRY NOTICES AND REPORTS ON WELLS (Do not use this form for proposals to drill or to deepen or plus (CE-th) ferent reservoir. Use Form 9–331–C for such proposals.) Balaard Grayburg San Andres Unit 8. FARM OR LEASE NAME Tract 5 gas weil 🔯 well other IIIN 1981 9, WELL NO. 2. NAME OF OPERATOR Inadarko Production Company 10. FIELD OR WILDCAT NAME 3. ADDRESS OF OPERATOR Loco Hills-Queen-Grayburg-San Andres ariera, office Box 67 Loco Hills, New Mexico 11. SEC., T., R., M., OR BLK. AND SURVEY OR 88255 **AREA** 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) 8-189-29E AT SURFACE: 960' FNL & 1130' FEL 12. COUNTY OR PARISH 13. STATE AT TOP PROD. INTERVAL: 960' FNL & 1130' FEL Eddy New Mexico AT TOTAL DEPTH: 960° FML & 1130° FEL 14. API NO. 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE. REPORT, OR OTHER DATA 15. ELEVATIONS (SHOW DF, KDB, AND WD) 3516.1' GL **REQUEST FOR APPROVAL TO:** SUBSECUENT REPORT OF: **TEST WATER SHUT-OFF** FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (NOTE: Report results of multiple completion or zone PULL OR ALTER CASING change on Form 9-330.) MULTIPLE COMPLETE CHANGE ZONES **ABANDON*** (other)Cmt. Sqz. Waterflow 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.)* Rig up pulling unit. Perforate @ 1517' KB Test waterflow rate & pressure. Pressure test zone to determine if cement can be circulated to surface. Circulate cement to surface or cement squeeze to shut off waterflow. Reperforate and/or recement squeeze if necessary. WOC 12 hours or more. Drill out cement & pressure test zone to 1500 psig. Perforate Grayburg, acidize & frac. 10. Put well on pump. OIL & GAS OE & GAO COLOGICAL SUBS Subsurface Safety Valve: Manu. and Type ___ ___ Ft. . Set @ _ 18. I hereby certify that the foregoing is true and correct SIGNED Gitle Area Supervisor Date May 26, 1981 (This space for Federal or State office use) PPROVED BY __ DATE CONDITIONS OF APPROVAL, IF ANY: JUN 1981

> - JAMES A. GILLHAM DISTRICT SUPERVISOR

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e Instructions on Reverse Side

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