

UNITED STATES
DEPARTMENT OF THE INTERIOR
e/SF 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

Premier Production Co.

3. ADDRESS OF OPERATOR

324 West Main, Artesia, NM 88210

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

AT SURFACE: 1980' FEL, 660 FSL

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) shut off Anderson Sand

5. LEASE

Fed LC055696

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

RECEIVED

7. UNIT AGREEMENT NAME

MAR 19 1982

8. FARM OR LEASE NAME

Yates Premier Fed. #1 O. C. D.

9. WELL NO.

#1

ARTESIA OFFICE

10. FIELD OR WILDCAT NAME

Undesignated San Andres

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

Sec 22 T-18S R-29E

12. COUNTY OR PARISH

Eddy

13. STATE
New Mexico

14. API NO.

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

3466 GL

(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.)*

3/3/82 Set retrievable bridge plug at 2736' to shut off perms 2774'-2791', Anderson Sand & continue testing Loco Hills Sand & Queen Sand sections.

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

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

SIGNED

TITLE

DATE

3-13-82

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: