

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 ☒ well gas ☒ well other ☐
2. NAME OF OPERATOR
Dorchester Gas Corporation
3. ADDRESS OF OPERATOR
P.O. Box 96, Hobbs, N.M. 88240
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1980' FN & WL
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 <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) Change in ownership & operator

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all 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.)*

Change in ownership and operator effective 4-1-81
from: Llano, Inc., P.O. Box 1320, Hobbs, N.M. 88240
to: Dorchester Gas Corporation, P.O. Box 96, Hobbs, N.M. 88240
note: Operator's statewide federal bond will be filed as soon as possible
This well will continue to be produced by flowing gas only from the Strawn oil zone.

5. LEASE
NM-034954 (SW-422)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Holder CT Federal - Com. 88240

9. WELL NO.
1

10. FIELD OR WILDCAT NAME
Lusk Strawn

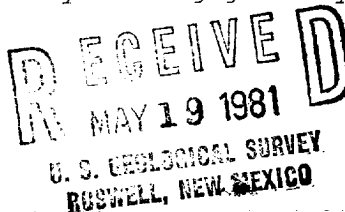
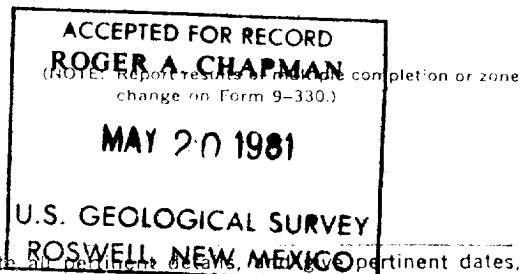
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
11-T19S-R31E

12. COUNTY OR PARISH
Eddy

13. STATE
N.M.

14. API NO.
30-015-20039

15. ELEVATIONS (SHOW DF, KDB, AND WD)
3589 GL



Subsurface Safety Valve: Manu. and Type

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

SIGNED Steve Collins TITLE District Engineer DATE May 14, 1981

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

Set @ _____ Ft.