

N.M.O.G.T. COPY

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 ☐
well well

2. NAME OF OPERATOR
Harlan Oil Company ✓

3. ADDRESS OF OPERATOR
P O Box 668 Artesia, N M 88210

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 2310 FSL & 950 FWL Sec. 30, 19 S
AT TOP PROD. INTERVAL: 31 E
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"/>

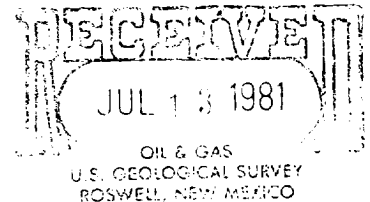
(other) run production casing

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.)*

6/18/81 Ran 2520' 4 1/2" 10.50 # new casing
Cemented w/ 400 sx cement Class H 10# sand, 5# salt,
5/10 of 1% CFR2 per sx
Plug down 6:35 P M 6/18/81
Cement Circulated

5. LEASE	NM 06814
6. IF INDIAN, ALLOTTEE OR TRIBE NAME	RECEIVED
7. UNIT AGREEMENT NAME	JUL 15 1981
8. FARM OR LEASE NAME	Southern Union Artesia O. C. D.
9. WELL NO.	3
10. FIELD OR WILDCAT NAME	North Hackberry, Y SR
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA	30-19S-31E
12. COUNTY OR PARISH	Eddy
13. STATE	N M
14. API NO.	
15. ELEVATIONS (SHOW DF, KDB, AND WD)	3439 G L

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



Subsurface Safety Valve: Manu. and Type

Set @ _____ Ft.

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

SIGNED Rosetta Hammond TITLE Secretary

DATE 7/8/81

ACCEPTED FOR RECORD
ROGER A. CHAPMAN (This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY

JUL 13 1981

U.S. GEOLOGICAL SURVEY
ROSWELL, NEW MEXICO

*See Instructions on Reverse Side