1. oil

Form Approved. Budget Bureau No. 42-R1424

LINITED STATES

OMILE SIMILE			
DEPARTMENT OF THE INTE	RIOR		
GEOLOGICAL SURVEY			

SUNDRY NOTICES AND REPORTS ON WELLS

MM OFFORES
NM-0560353

	6.	IF INDIAN,	ALLOTTEE	OR	TRIBE	NAME
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7.	LINIT AGREEN	JENT NAME

(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.) 8. FARM OR LEASE NAME

88210

5. LEASE

Hale Federal

1-19S-30E

1982 9. WELL NO.

Shugart - Y. SPARTESIA OFFICE

N.M.

other well well 2. NAME OF OPERATOR Bel-Dyn, Inc. Properties

gas

3. ADDRESS OF OPERATOR

P.O. Box 136 Lovington, N.M. 88260

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

AT SURFACE:

AT TOP PROD. INTERVAL:

AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

12. COUNTY OR PARISH 13. STATE

10. FIELD OR WILDCAT NAME O. C. D.

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

Eddy 14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD) 3506 DF

REQUEST FOR APPROVAL TO: TEST WATER SHUT-OFF

FRACTURE TREAT SHOOT OR ACIDIZE

REPAIR WELL PULL OR ALTER CASING MULTIPLE COMPLETE

CHANGE ZONES

ABANDON*

(other) Completion (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.)*

SUBSEQUENT REPORT OF:

Drilled (WEK-Rotary) to 3500', Welex logged O.H.: Sidewall, Nuetron and Guard-Forxo. Ran and cemented (circulated) 5½"-15.5# casing to 3480'. Perforated and acidized Queen sand perfs and fracked perfs. With 48,000# sand and 32,000 gals. gelled brine water. Swabbed back load-oil and gas.

Spudded: 7-13-82

T.D.: 7-21-82

8 5/8" 20# set at 618', 5½" 15.5# set at 3480'

Hole size 121

Hole size 7 7/8

Set @ _____ Subsurface Safety Valve: Manu. and Type

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

Manager/Operator DATE September 23, 1982 TITLE _ SIGNED

RECORD Sp. ce for Federal or State office use) APPROVED BY

CONDITIONS OF APPROVAL, I OCT

> U.S. GEOLOGICAL SURVEY ROSWELL, NEW MEXICO

Instructions on Reverse Side



THE & GAS MANERALS MOMT, SERVICE ROSWELL WEV MEXICO