

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
Bel-Dyn, Inc. Properties

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: 2180N 2080W
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

15. 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) _____

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(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.)*

Perforate: (Penrose Sect.) 3304-3324; 3281-3287-3196-3202'.
Acidize 2000 gals.-Frac with 32,000#

Perforate: (Queen Sect.) 3107-3115; 3092-3104; 3082-3091.
Acidize 1000 gals.- Frac with 45,500#

Perforate: (7 Rivers) 2927-2937; 2889-2903.
Acidize with 750 gals. -(No Frac)

Swab back loads and put on pump.

Form Approved,
Budget Bureau No. 42-R1424

COMMISSION

5. LEASE
NM-0560353

Drawer DD
Artesia, NM

88210

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Hale Federal

9. WELL NO.
#2

10. FIELD OR WILDCAT NAME
Shugart

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
1-19S-30E

12. COUNTY OR PARISH
Eddy

13. STATE
New Mexico

14. API NO.

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

RECEIVED

OCT 4 1982

O. C. D.

ARTESIA OFFICE

RECEIVED
AUG 10 1982

OIL & GAS
MINERALS MGMT. SERVICE
ROSWELL, NEW MEXICO

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

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

SIGNED DR. Bill TITLE Manager/Operator DATE August 9, 1982

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD
OCT 1 1982
U.S. GEOLOGICAL SURVEY
ROSWELL, NEW MEXICO

See Instructions on Reverse Side