0+6-BLM-Roswell, 1-File, 1-Engr Jim, 1-Foreman, 1-JA, 1-BB, 1-CB, 1-CP, 1-Laura Richardson

| Form 9- Dec. 19 | 75SION | Form Approved. Budget Bureau No. 42–R1424 |
|--|--|--|
| O+6-BLM-ROS Form 9- Dec. 10 COM | UNITED STATES OF THE INTERIOR | 5. LEASE NM-56220 |
| m OII DD nu 888 | GEOLOGICAL SURVEY | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME |
| | | 7. UNIT AGREEMENT NAME D.D. Federal 24 |
| (Do not reservoir | use this form for proposals to drill or to deepen or plug back to a different r. Use Form 9–331–C for such proposals.) | 8. FARM OR LEASE NAME 1 5 1983 |
| 1. oil we | well U other | 9. WELL NO. 1 O. C. D. |
| Get | tty Oil Company | 10. FIELD OR WILDCA ANALYSIA, OFFICE Undesignated |
| P.(| DDRESS OF OPERATOR D. Box 730, Hobbs, NM 88240 DOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA |
| be AT | SURFACE: Unit Ltr. P, 990' FSL & 660' FEL | Sec. 24, T-19S, R-24 12. COUNTY OR PARISH 13. STATE NM |
| AT | TOTAL DEPTH: | 14. API NO. |
| Street 6.5 4 TE | HECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, EPORT, OR OTHER DATA | 15. ELEVATIONS (SHOW DF, KDB, AND WD) 3577.4' F.L. |
| TEST V FRACT SHOOT REPAIL PULL MULTI CHANG ABANI | SUBSEQUENT REPORT OF: WATER SHUT-OFF | (NOTE: Report results of multiple completion or zone change on Form 9=330.) |
| in | ESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly stated cluding estimated date of starting any proposed work. If well is decented and true vertical depths for all markers and zones pertiner | irectionally drilled, give subsurface locations and |
| 8/6/83 | Spuded well @ 1:00 P.M. By Young Drillir 328'. | |
| 8/7/83 | Nippling up 17 1/2" hole @ 373'. Ran 9 5 set @ 360'. Float collar @ 315'. Howco sxs lite thick set, 1/2# flocele / sx., 5 class "C", 2% CaCl. Plug down @ 12:00 no temp survey top @ 150', ran 1" tubing to 4% CaCl, circ 30 sxs 8:30 P.M. Cut off 8 | cemented w/ 1000 gals flocheck, 15# gilsonite / sx, 4% CaCl, 375 sx con. No returns. WOC 6 hours, ra 163' cemented w/ 200 sxs class "C |
| | | |
| Subsi | urface Safety Valve: Manu. and Type | Set @ Ft. |
| 18. I | hereby certify that the foregoing is true and correct Description Area Superintendent | tende nk te August 10, 1983 |
| aim — | (This space for Federal or State of | ACCEPTED FOR RECORD |
| | OVED BYTITLETITLETITLETITLETITLETITLETITLETITLETITLETITLETITLETITLETITLETITLETITLETITLETITLE | |