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Form Approved.
Budget Bureau No. 42-R1424

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SEP 26 1984

O. C. D.

ARTESIA, OFFICE

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

2. NAME OF OPERATOR
Flag-Redfern Oil Company

3. ADDRESS OF OPERATOR
P.O. Box 11050, Midland, TX 79702

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: Unit K
AT TOP PROD. INTERVAL: Unit K
AT TOTAL DEPTH: Unit K

16. 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* ☒

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(other) Squeeze existing Upper Penn & perforate additional section.

(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.)*

Remedial Procedure attached.

5. LEASE
LC-063246-**D**

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
Winston Federal Com.

8. FARM OR LEASE NAME
Winston Federal Com.

9. WELL NO.
1

10. FIELD OR WILDCAT NAME
Indian Basin (Upper Penn-Morrow)

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 31-T21S-R24E

12. COUNTY OR PARISH
Eddy

13. STATE
New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
KB-3916, DF-3915, GL-3905

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

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

SIGNED Sup. [Signature] TITLE Production Mgr. DATE 7-23-84

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE [Signature] DATE 9-24-84
CONDITIONS OF APPROVAL IF ANY _____