

UNITED STATES OIL & GAS COMMISSION
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY
Artesia, NM 88210

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.)

RECEIVED

1. oil well ☐ gas well ☒ other ☐
2. NAME OF OPERATOR
TXO Production Corp. ✓
3. ADDRESS OF OPERATOR
415 W. Wall, Ste. 900
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE:
AT TOP PROD. INTERVAL: 660' FEL & 1980' FNL
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 checked="" 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 checked="" type="checkbox"/> |
| ABANDON* | <input type="checkbox"/> | <input type="checkbox"/> |
- (other) _____

5. LEASE
NM01165
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Yates Federal
9. WELL NO.
4
10. FIELD OR WILDCAT NAME
Burton Flat E.
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 18, T-20-S, R-29-E
12. COUNTY OR PARISH 13. STATE
Eddy NM
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
3265' GL

(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.)*

- 6-20-89 MIRU well service. Pmpg 45 bbls 2% KCL wtr dn tbg. Well dead. ND WH, NU BOP. Rel pkr & LD tbg. TOH w/2-3/8" tbg & pkr.
- 6-21-89 RU & ran GR log f/10,600-10,400'. Set CIBP @ 11,220'. Dumped 35' cmt to top CIBP. (New PBTD 11,185'). Perf Strawn 10,446-54', 10,483-90', 10,504'-08', 10,573-76'. TIH w/pkr & tbg. Test in hole to 5000#. Set pkr @ 10,361'. ND BOP. NU WH. Test annulus to 500#-OK.
- 6-22-89 Swb well dn. RU Western Co. & acidize Strawn w/2300 gal 15% NeFe w/additives using 52 ball sealers. Max press 5000#, Min press 3600#, ATP 4000#, AIR 2 bpm. Had ball out during treatment. ISIP 3500#, 15 min to vacuum. Flwd well overnight on 3/8" ck. Prep to install test separator f/gas measurement.
- 6-23-89 thru Install production facilities. Prep to turn well to sales line.
- 6-28-89
- 6-29-89 thru Well SI, WO 4-pt. test.
- 7-6-89
- 7-7-89 Rn 4-pt test. CAOF 1.552 MCFD. (test attached).

Post ID-2
8-25-89
PKA mar

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

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

SIGNED Monte Carol Wesley TITLE Drig. Secretary DATE 7/13/89

(This space for Federal or State office use)

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

*See Instructions on Reverse Side

SJS
CARLSBAD, NM / MEXICO