|                                                                                                                                                                                                                       | A                                                                                               | OPY                                                                   |                                                                                             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| Form 9-331                                                                                                                                                                                                            | UN ED STATES                                                                                    | SUBMIT IN TRIPL                                                       | E• Form approved.<br>Budget Bureau No. 42-R1424.                                            |
| (May 1963) DE                                                                                                                                                                                                         | PARTMEN: OF THE INTER                                                                           | IOR (Other Instructions<br>verse side)                                | 5. LEASE DESIGNATION AND SERIAL NO.                                                         |
| GEOLOGICAL SURVEY                                                                                                                                                                                                     |                                                                                                 |                                                                       | NM 029588 RECEIVED                                                                          |
|                                                                                                                                                                                                                       | NOTICES AND REPORTS                                                                             |                                                                       | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME                                                        |
|                                                                                                                                                                                                                       |                                                                                                 |                                                                       | ADD W L DOG                                                                                 |
| (Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.<br>Use "APPLICATION FOR PERMIT" for such proposals.)                                                                 |                                                                                                 |                                                                       | APR 24 1980                                                                                 |
| 1.                                                                                                                                                                                                                    |                                                                                                 | 5 0 0 1 5 0 A 3 7                                                     | 7. UNIT AGREEMENT NAME                                                                      |
| WE'L WELL X                                                                                                                                                                                                           | OTHER                                                                                           | <u>12000000000000000000000000000000000000</u>                         | 0 C D.                                                                                      |
| 2. NAME OF OPERATOR                                                                                                                                                                                                   |                                                                                                 |                                                                       | 8. FARM OR LEASE NAME (SPECE                                                                |
| Meadco Propertie                                                                                                                                                                                                      | s, Ltd.                                                                                         |                                                                       | Harris "6"                                                                                  |
| 3. ADDRESS OF OPERATOR<br>P. O. Box 2236, Midland, Texas 79702                                                                                                                                                        |                                                                                                 |                                                                       | 9. WELL NO.                                                                                 |
|                                                                                                                                                                                                                       | 1<br>10. FIELD AND POOL, OB WILDCAT                                                             |                                                                       |                                                                                             |
| <ul> <li>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*<br/>See also space 17 below.)<br/>At surface</li> <li>3147' FNL &amp; 660 FEL Sec. 6, T-21-S, R-29-E</li> </ul> |                                                                                                 |                                                                       | Golden Lane Field alopeo                                                                    |
|                                                                                                                                                                                                                       |                                                                                                 |                                                                       | 11. SEC., T., B., M., OB BLK. AND                                                           |
|                                                                                                                                                                                                                       |                                                                                                 |                                                                       | SURVEY OR AREA                                                                              |
| 5147 INE Q 000 IEE 000. 0, I EX 0, 0 Ex                                                                                                                                                                               |                                                                                                 |                                                                       | Sec. 6-21S-29E                                                                              |
| 14. PERMIT NO.                                                                                                                                                                                                        | 15. ELEVATIONS (Show whether DE                                                                 | , RT, GR, etc.)                                                       | 12. COUNTY OR PARISH 13. STATE                                                              |
|                                                                                                                                                                                                                       | 3469.6 Gr.                                                                                      |                                                                       | Eddy NM                                                                                     |
|                                                                                                                                                                                                                       |                                                                                                 |                                                                       |                                                                                             |
| 16. Cł                                                                                                                                                                                                                | heck Appropriate Box To Indicate N                                                              |                                                                       |                                                                                             |
| NOTICE                                                                                                                                                                                                                | OF INTENTION TO:                                                                                | SUBS                                                                  | EQUENT REPORT OF:                                                                           |
| TEST WATER SHUT-OFF                                                                                                                                                                                                   | PULL OR ALTER CASING                                                                            | WATER SHUT-OFF                                                        | REPAIRING WELL                                                                              |
| FRACTURE TREAT                                                                                                                                                                                                        | MULTIPLE COMPLETE                                                                               | FRACTURE TREATMENT                                                    | ALTERING CASING                                                                             |
| SHOOT OF ACIDIZE                                                                                                                                                                                                      | ABANDON*                                                                                        | SHOUTING OR ACIDIZING                                                 | XABANDONMENT*                                                                               |
| REPAIR WELL                                                                                                                                                                                                           | CHANGE PLANS                                                                                    | (Other)                                                               | alts of multiple completion on Well                                                         |
| (Other)                                                                                                                                                                                                               |                                                                                                 | Completion or Recor                                                   | mpletion Report and Log form.)                                                              |
| 17. DESCRIBE PROPOSED OR COMP<br>proposed work. If well<br>nent to this work.) *                                                                                                                                      | LETED OPERATIONS (Clearly state all pertinent<br>is directionally drilled, give subsurface loca | it details, and give pertinent dat<br>tions and measured and true ver | tes, including estimated date of starting any tical depths for all markers and zones perti- |
|                                                                                                                                                                                                                       | Pulled tubing & lock set p                                                                      | vkr – Ran Retrievabl                                                  | e BP at 11.310'. Perf                                                                       |
|                                                                                                                                                                                                                       | 13 holes, 11,217 - 11,226                                                                       |                                                                       | <i>b uc</i> 11,010 <i>·</i> 1011                                                            |
|                                                                                                                                                                                                                       | gal 15% MSR & 12 ball seal                                                                      |                                                                       | 2000#. ISI 4200. 108 BLW                                                                    |
|                                                                                                                                                                                                                       | ver. 12 SI - 0.                                                                                 |                                                                       |                                                                                             |
|                                                                                                                                                                                                                       | r. Rec 65 BWL, slight she                                                                       | ow gas & sx wtr. FL                                                   | . 3200' to 6000'.                                                                           |
| 5/8/78 - 12 SITP                                                                                                                                                                                                      | 60#; Swb FL 5500' down to                                                                       | o SN. Slight show g                                                   | gas.                                                                                        |
| 5/10/80 - Squeez                                                                                                                                                                                                      | e perf's 11217 - 11226 wit                                                                      | h 25 sx.                                                              |                                                                                             |
| 5/14/78 - Drille                                                                                                                                                                                                      | d cement & recovered Ret H                                                                      | 3P at 11,310'. Ran                                                    | Model R & SN on tubing set                                                                  |
| at 11,                                                                                                                                                                                                                | 400'.                                                                                           |                                                                       |                                                                                             |
| 5/18/78 - Re-A/2                                                                                                                                                                                                      | 000 gal 15% MSR, Atoka per                                                                      | f's 11,441 - 450 tr                                                   | reated 4 BPM at 3000#.                                                                      |
| ISI 110                                                                                                                                                                                                               | 00 :30SI 0. 100 bbls Ld t                                                                       | o rec. Swb Ld with                                                    | good show gas.                                                                              |
| 5/19/28 - 12 SI (                                                                                                                                                                                                     | 600, FL 1800'. Swb well i<br>ell producing. No new POT                                          | In after 4 Swb rulls.                                                 | Alg down PO.                                                                                |
|                                                                                                                                                                                                                       |                                                                                                 | . well flowing on                                                     | 525", making                                                                                |
| 155 MC                                                                                                                                                                                                                | r/uay.                                                                                          |                                                                       | 1                                                                                           |
|                                                                                                                                                                                                                       |                                                                                                 |                                                                       |                                                                                             |
|                                                                                                                                                                                                                       |                                                                                                 |                                                                       |                                                                                             |
|                                                                                                                                                                                                                       |                                                                                                 |                                                                       |                                                                                             |
|                                                                                                                                                                                                                       |                                                                                                 |                                                                       |                                                                                             |
|                                                                                                                                                                                                                       |                                                                                                 |                                                                       |                                                                                             |
|                                                                                                                                                                                                                       |                                                                                                 | · · · · · · · · · · · · · · · · · · ·                                 |                                                                                             |
| 18. I hereby certify that the fo                                                                                                                                                                                      |                                                                                                 |                                                                       |                                                                                             |
| SIGNED Maluly                                                                                                                                                                                                         | m Kussell TITLE AS                                                                              | gent                                                                  | DATE _4/22/80                                                                               |
| <i>H</i>                                                                                                                                                                                                              |                                                                                                 |                                                                       |                                                                                             |
| (This space for Federal or                                                                                                                                                                                            | Suite omce use)                                                                                 |                                                                       |                                                                                             |
| APPROVED BY                                                                                                                                                                                                           |                                                                                                 | ··                                                                    | DATE                                                                                        |
| CONDITIONS OF APPROV                                                                                                                                                                                                  | AL, IF ANY:                                                                                     |                                                                       |                                                                                             |
|                                                                                                                                                                                                                       |                                                                                                 |                                                                       |                                                                                             |

\*See Instructions on Reverse Side