

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

RECEIVED

JUL 2 1985

O. C. D.
ARTESIA, OFFICE

Form Approved.
Budget Bureau No. 42-R1424

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

TXO Production Corp.

3. ADDRESS OF OPERATOR

900 Wilco Bldg., Midland, TX 79701

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 2080 FSL 1980 FEL

AT TOP PROD. INTERVAL:

AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☒

REPAIR WELL ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

CHANGE ZONES ☒

ABANDON* ☐

(other) ☐

SUBSEQUENT REPORT OF:

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6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

McMillan Fed Com

9. WELL NO.

1

10. FIELD OR WILDCAT NAME

Burton Flat (Morrow)

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec 14, T-20-S, R-27-E

12. COUNTY OR PARISH

Eddy

13. STATE

NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
3334 KB

(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.)*

Kill well w/2% KCL

Unseat pkr, TOH w/tbg, pkr

Set CIBP @ 10700'. Dump 35' cmt

TIH w/pkr, tbg, & set @ 8500'

Perforate Wolfcamp: 8622-41 1 spf

8670-75 1 spf

8683-88 1 spf

8691-97 1 spf

Swab test & acidize as required

Place on production

For Record Only

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

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

SIGNED Sue Sp TITLE Production Engr. DATE _____

(This space for Federal or State office use)

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