



ARTESIA, NM 88210

Form Approved.
Budget Bureau No. 42-R1424

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 well ☐ gas well ☒ 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:

☐
☐
☐
☐
☐
☐
☐
☐

5. LEASE

NM 27642

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

Wildcat (Wolfcamp)

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

Sec 14, T 20S R 27E

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 TOH

Set CIBP @ 10700

Set 20 sx on CIBP

Set 25 sx @ 10400

Set 25 sx @ 9800

Set 25 sx @ 9300

Perforate Wolfcamp 8622-41, 70-75, 83-88, 91-97 1 spf

Acidize as necessary

*Note: Verbal approval received 10-25-85
from Pete Chester (BLM)

Subsurface Safety Valve: Manu. and Type N/A Set @ Ft.

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

SIGNED Jane Griffing TITLE Production Engineer DATE 11-13-85

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE DATE 11-18-85
CONDITIONS OF APPROVAL, IF ANY: