Form 9–331
Dec. 1973

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
Bliss Petroleum, Inc. /

3. ADDRESS OF OPERATOR
P.O. Box 1817   Hobbs, N.M.   88240

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: Unit L, 2310 FSL & 330' FWL
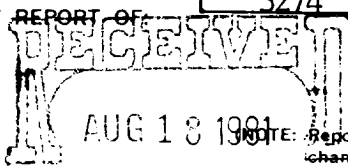AT TOP PROD. INTERVAL: Sec, 22, T20S, R29E
AT TOTAL DEPTH:

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

| | REQUEST FOR APPROVAL TO: | SUBSEQUENT REPORT OF |
|---|---|---|
| TEST WATER SHUT-OFF | ☐ | ☐ |
| FRACTURE TREAT | ☐ | ☐ |
| SHOOT OR ACIDIZE | ☐ | ☐ |
| REPAIR WELL | ☐ | ☐ |
| PULL OR ALTER CASING | ☐ | ☐ |
| MULTIPLE COMPLETE | ☐ | ☐ |
| CHANGE ZONES | ☐ | ☐ |
| ABANDON* | ☒ | ☐ |
| (other) | | |

5. LEASE
NM 13995

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

RECEIVED

8. FARM OR LEASE NAME
DB Federal

AUG 26 1981

9. WELL NO.
1

10. FIELD OR WILDCAT NAME
Undesignated

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA   Sec. 22, T20S, R29E

12. COUNTY OR PARISH   Eddy
13. STATE   N.M.

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
3274' 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.)*

TD 1842'   No apparent oil or gas zones. Plan to spot cement plug in 6 1/4" OH from 1600' depth to 430'. Seven inch csg. is set at 487'; thus, cement will be up inside the 7" csg. 57'. Will put 10 sx. cement plug at surface & install "Dry Hole" marker. Clean Location & restore surface.

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

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

SIGNED _Paul Bliss_   TITLE President   DATE 8-7-81

APPROVED
(Orig. Sgd.) ROGER A. CHAPMAN

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY.
AUG 24 1981

(This space for Federal or State office use)

JAMES A. GILLHAM
DISTRICT SUPERVISOR

*See Instructions on Reverse Side