

UNITED STATES DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

Oil and Gas Division
New Mexico
Albuquerque, NM 80210

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, Midland, TX

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

AT SURFACE: 990' FSL & 1980' FWL, Sec. 17
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 01165

6. IF INDIAN, ALLOTTEE OR TRIBES NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Yates Federal

9. WELL NO.

5

10. FIELD OR WILDCAT NAME

Burton Flat, East

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

Sec. 17, T-20-S, R-29-E

12. COUNTY OR PARISH

Eddy

13. STATE

NM

14. API NO.

30-015-24509

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

3290' GR

(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.)*

1. MIRU Pulling Unit. Kill well. ND wellhead. Release pkr. NU BOP. TOH w/tbg. & pkr.
2. RU wireline. Set CIBP @ 11,430' w/20" cmt. on top. Load hole w/2% KCL. Test CIBP to 500#.
3. Perf w/3-1/8" gamma gun w/2 SPF @ 10,362-66', 10,371-77' (total 24 holes). RD wireline.
4. TIH w/tbg. & pkr. (test tbg. to 5000# while TIH). Spot 250 gallons 15% NeFe w/clay. PU pkr to ±10,260'. Reverse and set pkr. Break down perfs & swab back load.
5. Acidize w/1200 gallons 15% NeFe w/clay + 48 ball sealers. Swb back load & test.
6. Place well back on production.

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

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

SIGNED

M.C. Wesley

TITLE

Asst. Sec.

DATE

6/10/89

(This space for Federal or State office use)

APPROVED BY

Shirley J. Gunn

TITLE

DATE

6-27-89

CONDITIONS OF APPROVAL, IF ANY

RECEIVED