

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

Discovery Operating, Inc.

3. ADDRESS OF OPERATOR

800 N. Marienfeld, Ste. 100, Midland, TX 79701

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

AT SURFACE: 1650' FSL & 1650' 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-05699

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Walt Canyon 5 Federal

9. WELL NO.

1

10. FIELD OR WILDCAT NAME

Indian Basin Upper Perm (Gas)

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

Sec. 5, T-22-S, R-24-E

12. COUNTY OR PARISH

Eddy

13. STATE

New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
4286.5' 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.)*

Perfs from 7938' to 7976'

Cut 4 1/2" casing at approximately 7200' and pull casing. Spot 30 sxs cement at 4 1/2" stub, 15 sxs in stub and 15 sxs above stub. WOC 4 hrs. and tag. Spot 30 sx plug @ 4000'. Spot 95 sxs from 360' to surface. Weld on cap and set dry hole marker. Clean location. Remove Deadmen.

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

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

SIGNED: [Signature] TITLE Vice Pres. DATE May 2, 1984

(This space for Federal or State office use)

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

*See Instructions on Reverse Side

APPROVED
MAY 8 '84
R. B. [Signature]
ACTING DISTRICT ENGINEER