

UNITED STATES ARMY, OFFICE
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 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: 1980 FNL & 1740 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:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

CHANGE ZONES ☐

ABANDON* ☐

(other) Drilling & Cementing

5. LEASE

NM 0354232

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Pioneer Federal Com

9. WELL NO.

1

10. FIELD OR WILDCAT NAME

Burton Flats Morrow

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

Sec 19, T-21-S, R-27-E

12. COUNTY OR PARISH

Eddy

13. STATE

NM

14. API NO.

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

3181 GL, 3209 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.)*

3/21/84 Drlg thru 3/25/84 TD 12 1/4 @ 6:00 am. Ran 66 jts. 8 5/8" 24# + 32# csg. Shoe @ 2609'. DV tool @ 1503'. Cmt 1st stage. Cmt w/200 sx RFC 12.2# w/1/4# flakes. Tail in w/400 sx Lite "C" w/10# Colite, 5# salt, 3% CACL, 1/4# flakes & 200 sx high early w/2% CACL. Cmt 2nd stage w/200 sx RFC 12.3# w/1/4# flakes, 960 sx Lite 3 w/10# Colite + 5# salt, 3% CACL, 1/4# flakes. Tail in w/200 sx high early 2w/3% CACL w/1/4# flakes. Had 500 PSI lift. Broke to 100#. Est. TOC @ 1250'. TOC @ 680'. Cmt w/1" w/350 sx high early w/4% CACL. Circ 15 sx. 3/27/84 tested to 1500# OK. 3/27/84 now drlg 7 7/8" thru 4/16/84.

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

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

SIGNED John Cavall TITLE Engineer Asst. DATE 4/18/84

(This space for Federal or State office use)

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