UNI) STATES	5. SE LC-063516
DEPARTMENT OF THE INTERIOR	
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
DEPORTS ON WELLS	7. UNIT AGREEMENT NAME
SUNDRY NOTICES AND REPORTS ON WELLS	Big Eddy Unit
(Do not use this form for proposals to drill or to deepen on plug back to a difference reservoir. Use Form 9–331–C for such proposals.)	8. FARM OR LEASE NAME
	Big Eddy
1. oil gas well other	9. WELL NO.
2. NAME OF OPERATOR	103
Ammex Petroleum, Inc.	10. FIELD OR WILDCAT NAME
3 ADDRESS OF OPERATOR	Wildcat - Bone Spring
Box 10507 Midland, TX 79702	11. SEC., T., R., M., OR BLK. AND SURVEY OR
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 1	AREA Sec. 10, T21S, R28E
below.) 660' FSL & 1980 FWL SE/4SW/4 Unit N	12. COUNTY OR PARISH 13. STATE
AT SURFACE: as above AT TOP PROD. INTERVAL: same	Eddy NM
AT TOTAL DEPTH	14. API NO.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTIC	
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)
	3307' GR
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	
FRACTURE TREAT	
SHOOT OR ACIDIZE REPAIR WELL	(NOTE: Report results of multiple completion or zone
PULL OR ALTER CASING	change on Form 9-330.)
MULTIPLE COMPLETE	
CHANGE ZONES	
ABANDON* L' (other) Run 4½" casing	
	state all pertinent details and give pertinent dates,
 DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly including estimated date of starting any proposed work. If well measured and true vertical depths for all markers and zones pert 	is directionally drilled, give subsurface locations and tinent to this work.)*
5/31/84 Run 160 jts 4½", 11.6# casing. Land	@ 6425'. Stage tool @ 3399'
c_{m+1} of grade $w/150 \text{ ex}^{-1}C'' + 2\% \text{ CaCl}$.	Cmt 2nd stage w/250 sx "C"
neat. WOC 24 hrs and test casing to	1000#. BLM notified, no
witness. Rig released 3:00 am 6/1/84	
Logs run: CNL/LDT/DLL/HDT (7 7/8" h	
-	
6/6/84 DO stage tool. Test to 1500#, ok. R	AIH w/tbg & bit to 6362'. Circ
clean, test casing to 2000#, ok.	
Creatily cood cadang in an army	
6/8/84 Perf and run CCL, CBL Prep to acidiz	ee
, ha	
6/9/84 Acidize w/HCl down tubing. Frac w/M	

18. I hereby certify that the foregoing is true and correct ACCOMMENDATE Operations Clerk DATE 6/15/84

APPROVED BY CONDITIONS OF APPROVAL, IF ANY

JUN 221984

Subsurface Safety Valve: Manu. and Type