

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
Ammex Petroleum, Inc.
3. ADDRESS OF OPERATOR
Box 10507 Midland, TX 79702
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 2180' FNL & 1980' FWL, 7-21S-28E
AT TOP PROD. INTERVAL: same
AT TOTAL DEPTH: same

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) Run casing ☐

SUBSEQUENT REPORT OF:

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RECEIVED BY

MAY 21 1984

O. C. D.

ARTESIA OFFICE

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

5. LEASE
LC-060572-A
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
Big Eddy Unit
8. FARM OR LEASE NAME
Big Eddy
9. WELL NO.
98
10. FIELD OR WILDCAT NAME
Wildcat
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 7, T21S, R28E, NMPM
12. COUNTY OR PARISH
Eddy
13. STATE
NM
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
3159.6'GR

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.)*

1/26/84 60 jts 8 5/8" csg @ 2450'. Cmt. w/1400 sx LW, 150 sx C + 2% CaCl. Circ 500 sx. Mr. Cope w/BLM witnessed WOC 12 hrs & test csg to 1000# for 30 min. OK

2/11/84 TD @ 9050 @ 2: pm 2/11/84

2/14/84 PB to 8900' w/ 45 sx "C" cmt plug. 2nd plug 5547 - 5397' w 45 sx "C". BLM notified, no witness.

2/15/84 35 sx "C" cmt plug from 3547 - 3447'. Ran 92 jts 5 1/2" 15.5# csg, land @ 3357'. Cmt w/250 sx 50/50 POZ PD & WOC 14 hrs & NU

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

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

SIGNED Juan J. Lopez TITLE Operations Clerk DATE 4/10/84

ACCEPTED FOR RECORD (This space for Federal or State office use)

APPROVED BY [Signature] TITLE _____ DATE _____
CONDITIONS OF APPROVAL IF ANY:

MAY 18 1984