

Form 9-331
Dec. 1973

1 JIL CONS. COMMISSION

Drawer DD

Artesia, NM 88210

UNITED STATES

DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

Form Approved.
Budget Bureau No. 42-R1424

C/SF

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 ☐ gas ☐ other ☐

2. NAME OF OPERATOR

Mobil Producing TX & New Mexico

3. ADDRESS OF OPERATOR

9 Greenway Plaza Suite 2700

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

AT SURFACE: 660 FSL 1980 FWL

AT TOP PROD. INTERVAL: Same as Surface

AT TOTAL DEPTH: Same as Surface

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:

☐
☐
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☐
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OIL & GAS
U.S. GEOLOGICAL SURVEY
ROSWELL, NEW MEXICO

5. LEASE

NM-027994 D

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Fed. RR Com

9. WELL NO.

1

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O. C. D.

ARTESIA, OFFICE

10. FIELD OR WILDCAT NAME

South Carlsbad Morrow

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

Sec. 24, T23S, R 26E

12. COUNTY OR PARISH

Eddy

13. STATE

New Mexico

14. API NO.

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

3234 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.)*

10/16 - 25/81 Swabbing, Testing Well

10/26/81

12,500 TD, 11,953 PBTD, Morrow 11,512-875 OA.

Final Prod Test: F O BO + O BW/24 hrs, 3/4 ck, GV 27 MCFGPD, TP 450,

CP 50, LP 450, Allow 27 MCFGPD, Compl 10/10/81

Before WO: O BO + O BW + 27 MCFGPD.

FINAL REPORT.

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

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

SIGNED

James A. Chapman

TITLE Authorized Agent DATE 11/2/81

James A. CHAPMAN

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

U.S. GEOLOGICAL SURVEY
ROSWELL, NEW MEXICO

*See Instructions on Reverse Side

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O. C. D.
ARTESIA, OFFICE