

ORIGINAL COPY

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
HCW Exploration, Inc.
3. ADDRESS OF OPERATOR
Box 10585 Midland, Texas 79702
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 7605-660W
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
Federal NM-19842
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME RECEIVED
8. FARM OR LEASE NAME
Cofed Co-7ed SEP 8 1981
9. WELL NO.
1 O.C.D. ARTESIA OFFICE
10. FIELD OR WILDCAT NAME
Wildcat
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
SW/4 SW/4 Sec 26, T-22S R-28E
12. COUNTY OR PARISH Eddy 13. STATE New Mexico
14. API NO.
NM 19842
15. ELEVATIONS (SHOW DF, KDB, AND WD)
GL 3082.2

(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.)*

Run 13 3/8" DV tool at 450'±. Total 2500'±, 13 3/8" csg (as per telephone call Mr. Chapman, U.S.G.S.- Artesia, New Mexico). TIE BACK TO 20" CSG.

THE ARTESIA SUB-DISTRICT OFFICE IS TO BE NOTIFIED IN SUFFICIENT TIME FOR A REPRESENTATIVE TO WITNESS THE RUNNING AND SETTING OF THE DV TOOL.

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

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

SIGNED D.C. Helm D.C. Helm TITLE Vice President DATE August 31, 1981

APPROVED (This space for Federal or State office use)
(Orig. Sgd.) ROGER A. CHAPMAN
APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:
SEP 3 1981
JAMES A. GILLHAM
DISTRICT SUPERVISOR
*See Instructions on Reverse Side