

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 well ☐ gas well ☒ other

2. NAME OF OPERATOR
W.A. Moncrief, Jr. /

3. ADDRESS OF OPERATOR
400 Metro Bldg., Midland, Texas 79701

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
1490' FEL & 2050' FSL
AT SURFACE: Section 14, T24S, R24E
AT TOP PROD. INTERVAL: Eddy County, New Mexico
AT TOTAL DEPTH:

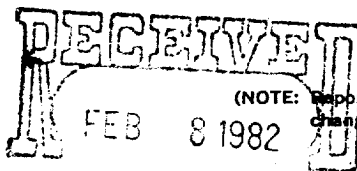
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐

SUBSEQUENT REPORT OF:

(other) casing test and cement job ☒



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

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

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.) 11,148.36' (276 joints) by casing talley of 4½" 11.6# range 3 N-80 casing was set on bottom and cemented w/450 sax Class "H" w/.5 of 1% CFR-2 on 1-29-82. Tested casing to 1600# for 15 minutes. Held OK.

(2.) Ran temperature survey on 1-29-82 and found top of cement at 9600' outside casing and 11,150' inside casing (measured from ground level).

(3.) Operator will perforate and attempt to complete from Morrow sands after the pipeline connection is made.

Subsurface Safety Valve: Manu. and Type _____

Set @ _____ Ft.

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

SIGNED Roney E. Thornton TITLE Exploration Manager DATE 2-4-82

ACCEPTED FOR RECORD
ROGER A. CHAPMAN

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL IF ANY: FEB 16 1982

TITLE _____ DATE _____

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*See Instructions on Reverse Side