

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 ☒ gas ☐ other ☐
well well

2. NAME OF OPERATOR
Mayne & Mertz, Inc.

3. ADDRESS OF OPERATOR
P. O. Box 183, Midland, TX 79702

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1673' FWL & FSL of Sec.
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

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

REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF	<input type="checkbox"/>	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>	<input type="checkbox"/>

(other) Casing & cementing Report

5. LEASE

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Bluewater - Federal

9. WELL NO.
1

10. FIELD OR WILDCAT NAME
West Dark Canyon Delaware

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 18, T-23-S, R-26-E

12. COUNTY OR PARISH
Eddy

13. STATE
New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
KDB: 3424

(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.)*

CASING: 5056' of 4-1/2" / 10.5# / J-55 / STC
Date set - 11/10/83

CEMENTING: 850 sks Class "C" 50/50 Poz w/ 6# salt
and 1/4# Flocele per sack.
Top of cement @ 2690' by temp. survey.

PRESSURE TEST: 1000 psi held 30 mins with no pressure drop

Subsurface Safety Valve: Manu. and Type Halliburton float Collar Set @ 5014 Ft.

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

SIGNED [Signature] TITLE President DATE 11/12/84

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

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

MAY 8 1984