

c/sf

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
Union Oil Company of California ✓
3. ADDRESS OF OPERATOR
P.O. Box 671 Midland, Texas
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
660' FNL & 660' FWL
AT SURFACE:
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) | | | |

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.)*

6- 5-84 - 6-26-84 Perf Delaware sand 2832' - 3794'. Acidized & tested.
6-27-84 - 7- 2-84 Testing
7- 3-84 Ran 2-3/8" tbg & set @ 3876'. Ran pump & rods. RDPV.
7- 4-84 - 7-15-84. WO Prod. equip.
7-16-84 Placed well on production.
7-29-84 Ran potential test. Produced 23 oil & 168 wtr. Gas TSTM.

5. LEASE NM-0454018	<div>RECEIVED BY AUG 08 1984 O. C. D. ARTESIA, OFFICE</div>
6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
7. UNIT AGREEMENT NAME	
8. FARM OR LEASE NAME Wersell Federal	
9. WELL NO. 2	
10. FIELD OR WILDCAT NAME Esperanza Delaware	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 4 T-22-S R-27-E	
12. COUNTY OR PARISH Eddy	13. STATE New Mexico
14. API NO. 3001544845	
15. ELEVATIONS (SHOW DF, KDB, AND WD) 3172.1 GL	

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

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

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

SIGNED J.C. Merritt J.C. Merritt TITLE Dist. Prod. Supt. DATE 8-2-84

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

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL _____

AUG 7 1984

Carlsbad

NEW MEXICO

*See Instructions on Reverse Side