

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 rock joint. Use Form 9-331-C for such proposals.)

1. ☒ oil well ☐ gas well ☒ other
2. NAME OF OPERATOR
Alpha Twenty-One Production Company
3. ADDRESS OF OPERATOR
P.O. Box 1206, Jal, NM 38252
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 696' ENL & 330' FEL, Sec. 4
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 ☐	☐
FRACURE TREAT ☐	☐
SHOOT OR ACIDIZE ☐	☐
REPAIR WELL ☐	☐
PULL OR ALTER CASING ☐	☐
MULTIPLE COMPLETE ☐	☐
CHANGE ZONES ☐	☐
ABANDON* ☐	☐

(Other) Continue Temporary Abandon Status

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)*

In order to produce this well we have to use a compressor and H2S treatment facilities. This has made the well uneconomical to operate under present pricing and cost conditions. We request a continuance of our Temporary Abandonment Status as of November 16, 1984 for a period of one year.

We have set CIBPs at 1770' and 1170', ran one joint of tubing in hole and tested casing with nitrogen to 500 psi for 15 minutes. The well has been capped and all surface equipment has been removed.

APPROVED FOR 12 MONTH PERIOD

DIONG 3/1/86

Subsurface Safety Valve: Manul. and Type _____ Set @ _____ in _____

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

SIGNED R. A. Lonsford Title VP/Energy Resources Date 11-13-84

(This space for Federal or State office use)

APPROVED BY [Signature]

DATE OF APPROVAL IF ANY

5. LEASE NM - 0558959
6. IF INDIAN, ALLOTTEE OR TRIBE NAME RECEIVED BY MAR - 6 1985 O. C. D. ARTESIAL OFFICE
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME BR4 Federal
9. WELL NO. 3
10. FIELD OR WILDCAT NAME Washington Ranch Delaware
11. SEC., T., R., M. OR BLK. AND SURVEY OR AREA Sec. 4, T-26-S, R-24-E
12. COUNTY OR PARISH Eddy
13. STATE New Mexico
14. API NO. Approved 2-22-73
15. ELEVATIONS (SHOW DF, KDB, AND WD) 2773.5' KB

(NOTE: Report results of multiple completion or zone change on Form 9-331-C)