

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

NM OIL CONS. COMMISSION
Drawer DD
Artesia, NM 88211

Budget Bureau No. 42-R1424

SUNDRY NOTICES AND REPORTS ON WELLS

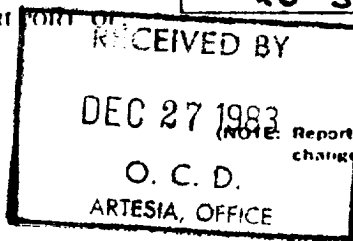
(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use Form 9-331-C for such proposals.)

1. oil ☐ well gas ☒ well other ☐
2. NAME OF OPERATOR
FLORIDA EXPLORATION CO ✓
3. ADDRESS OF OPERATOR
Box 5025 DENVER, COLO 80217
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1650' FNL + 1650' FEL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

5. LEASE
NM 0555443
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
ROSS DRAW UNIT
8. FARM OR LEASE NAME
ROSS DRAW
9. WELL NO.
8
10. FIELD OR WILDCAT NAME
ROSS DRAW Wolfcamp, 1st
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec 27-T26S-R30E
12. COUNTY OR PARISH
EDDY
13. STATE
NM
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
KB-3028

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



(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.)*

FLORIDA EXPLORATION CO. REQUESTS PERMISSION TO install a 2" plastic SWD line FROM THE ROSS DRAW # 8 wellSITE TO THE TERMINATION point (0.4 miles) OF THE ELLWADE CORPORATION'S line located in the NE CORNER OF SEC 27-T26S-R30E. Our proposed line will be ON THE SURFACE, fully CONTAINED WITHIN THE ROAD ROW AND will result in NO SURFACE disturbance. PERMISSION was granted by Mr. PETER CHESTER, BLM to Mr. RAY RIECHMANN of FEC. A REVISED NTL-2B will be submitted upon ultimate completion

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

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

SIGNED Shirley D. Smith TITLE Operations Manager DATE 12/19/83

APPROVED

(This space for Federal or State office use)

APPROVED BY (Orig. Sign) PETER W. CHESTER TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

DEC 22 1983

*See Instructions on Reverse Side

