Dec. 1973

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

Form Approved.
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
Inexco Oil Company

3. ADDRESS OF OPERATOR
211 Highland Cross Suite 201 Houston, Tx 77073

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1980'/N 660'/E
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

5. LEASE NM-0478352
~~Bison Wallow~~

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Bison Wallow Ut.

9. WELL NO.
1

10. FIELD OR WILDCAT NAME

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Section ~~34~~ 4-T 25-S - R29E
1980 FNL-660 FEL

12. COUNTY OR PARISH
Eddy

13. STATE
N.M.

14. API NO.
NM0478352

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

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

REQUEST FOR APPROVAL TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	☐		☐
FRACTURE TREAT	☐		☐
SHOOT OR ACIDIZE	☐		☐
REPAIR WELL	☐		☐
PULL OR ALTER CASING	☐		☐
MULTIPLE COMPLETE	☐		☐
CHANGE ZONES	☐		☐
ABANDON*	☒		☐
(other)			☐

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

RECEIVED
JAN 25 1983
OIL & GAS
MINERALS MGMT. SERVICE
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.)*

Set CIBP @ 11350' ~~@~~ 35' Plug on top CIBP
Cut Pipe @ 6800
100' Cement Plug ~~@~~ 50' in and ~~@~~ 50' out
Cut 9 5/8 @ 5000
100' Plug 50' in and 50' out
100' Plug 3060' - 2960' Tag this plug.
100' Plug 400' to 300'
50' Plug Surface - Dry hole marker

OK

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

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

SIGNED _____ TITLE _____ DATE 1-24-83

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

APPROVED
JAN 25 1983
FOR
JAMES A. GILLHAM
DISTRICT SUPERVISOR

*See Instructions on Reverse Side