

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 an oil or gas well or to develop a different reservoir. Use Form 9-331-C for such proposals.)

1. oil ☐ gas ☒ other ☐ **RECEIVED**  
2. NAME OF OPERATOR **JUL 13 1982**  
THE DESANA CORPORATION **O. C. D.**  
3. ADDRESS OF OPERATOR **ARTESIA, OFFICE**  
600 Building of the Southwest, Midland, TX  
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 2310' FNL & 735' FEL Sec 8  
AT TOP PROD. INTERVAL:  
AT TOTAL DEPTH:

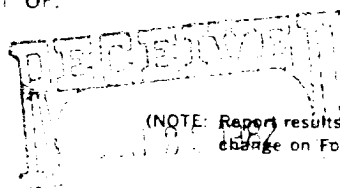
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

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:

☐  
☐  
☐  
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☐  
☐  
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(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.)\*

CIBP was set @ 5705' & capped w/35' cmt. Ran Bond Log from 4000' back to 3000'.  
Perf 3783-92' & 3795-3812' w/1JSPF.  
Acidized w/5000 gas 15%, frac w/50,000 gal gel wtr & 92,000# sand.  
Flowed back load. Tested @ 200 mcfpd.

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED Peter W. Chester TITLE Production Supt. DATE June 25, 1982

APPROVED BY PETER W. CHESTER TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

**ACCEPTED FOR RECORD** (This space for Federal or State office use)  
**JUL 12 1982**  
**U.S. GEOLOGICAL SURVEY**  
**ROSWELL, NEW MEXICO**

See Instructions on Reverse Side