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RECEIVED BY
JUL 24 1985
O. C. D.
ARTESIA, OFFICE

NM OIL CONS. C
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY
Artesia, NM 882

SUNDY 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 New Well
2. NAME OF OPERATOR
Flag-Redfern Oil Company ✓
3. ADDRESS OF OPERATOR
P. O. Box 11050, Midland, Texas 79702
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 660' FSL and 660' FWL
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) Intermediate Casing | |
| Subsequent Report | |

- NM-2749
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Sun 10 Federal
9. WELL NO.
1
10. FIELD OR WILDCAT NAME
Wildcat
11. SEC. T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 10, T26S, R30E
12. COUNTY OR PARISH
Eddy
13. STATE
New Mexico
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
3125' KDB

(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.)*
6-7-85 Ran 40 jts 8-5/8" 32 lb/ft J-55 STC and 45 jts 8-5/8" 24 lb/ft J-55 STC. Set casing at 3500'. Cemented with 1000 sks Halliburton Light with 6 lbs/sk salt and 1/4 lb/sk Flocele followed by 200 sks Class "C" containing 2% CaCl. P.D. at 3:15 A.M. 6-7-85. Circ. 100 sks cement to surface.

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

18. I hereby certify that the foregoing is true and correct
SIGNED Kelly Gomer TITLE Engineer DATE 7-15-85

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY

JUL 22 1985

*See Instructions on Reverse Side

CARLSBAD, NEW MEXICO