

UNITED STATES OIL CONS. COMMISSION
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

Form Approved
Bureau No. 2541424

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 ☒ gas ☐ other ☐
2. NAME OF OPERATOR
EL PASO EXPLORATION COMPANY
3. ADDRESS OF OPERATOR
1800 WILCO BLDG. MIDLAND, TX 79701
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 2,180' FWL & 860' FSL
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 ☐	☐
FRACTURE TREAT ☐	☐
SHOOT OR ACIDIZE ☐	☐
REPAIR WELL ☐	☐
PULL OR ALTER CASING ☐	☐
MULTIPLE COMPLETE ☐	☐
CHANGE ZONES ☐	☐
ABANDON* ☐	☐
(other) Cement casing ☒	X

5. LEASE
USA 58034
6. IF INDIAN, ALEUTIC OR TRIBAL NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
PECOS FEDERAL
9. WELL NO.
4
10. FIELD OR WELLS NAME
BRUSHY DRAW
11. SEC., T., R., AND BLK. AND SURVEY OR AREA
Sec. 2, T. 26N, R. 29E
12. COUNTY OR PARISH
Eddy
13. STATE
New Mexico
14. API NO.
2863
15. ELEVATIONS (SHOW DF, KDB, AND WD)
2863

(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.)*

November 27, 1985 - ran 132 jts 4 1/2" 9.5# casing set @ 5,400 feet RKB. Cement with 300 Poz Mix, 3% gel, 1/4# Cello Seal plus 100 sac. Waiting on completion.

COPIES FOR RECORD

DEC 24 1985

CAPISBAD, NEW MEXICO

Subsurface Safety Valve: Manu. and Type _____

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

SIGNED Harry Mitchell TITLE Sr. Staff Engr. DATE December 20, 1985

(This space for Federal or State office use)

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

