

Form 9-331
Dec. 1978

JAN 20 1986

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

Artesia, NM 89210

ARTESIA

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 ☐
well well

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: 2180 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* ☐

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(other) Change operator name

5. LEASE
USA NM 58034
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
PECOS FEDERAL
9. WELL NO.
4
10. FIELD OR WILDCAT NAME
Brushy Draw - Del Norte
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec 27, T26S, R29E
12. COUNTY OR PARISH
Eddy
13. STATE
NM
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
2869 GR

(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.)*

The following is the name and address of the new operator for the above lease:

Meridian Oil Inc.
1800 Wilco Bldg.
Midland, Texas 79701

RECORDED FOR RECORD

JAN 18 1986

Post #D-3
1-24-86
Chg Op.

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

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

SIGNED Cande Myers TITLE Production Clerk DATE 1-9-86

(This space for Federal or State office use)

APPROVED BY TITLE DATE
CONDITIONS OF APPROVAL, IF ANY: