

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 a well back to a different reservoir. Use Form 9-331-C for such proposals.)

1. oil well ☒ gas well ☐ other ☐

2. NAME OF OPERATOR
Fuller Petroleum, Inc.

3. ADDRESS OF OPERATOR
2020 Texas American Bank Bldg., Ft. Worth, Tx. 76102

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1650' FNL & 1685' 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:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐

(other) Change in Operator

SUBSEQUENT REPORT OF:

☐
☐
☐
☐
☐
☐
☐
☐

5. LEASE
LC-061497

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Gulf Federal

9. WELL NO.
2

10. FIELD OR WILDCAT NAME
Brushy Draw-Delaware

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 13-T26S-R29E

12. COUNTY OR PARISH
Eddy

13. STATE
New Mexico

14. API NO.
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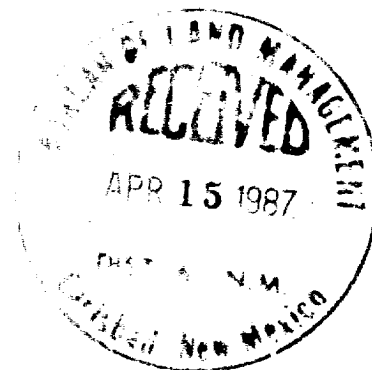
15. ELEVATIONS (SHOW DF, KDB, AND WD)
3014' G. R.

(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.)*

Current Operator: United Petroleum Corp.
P. O. Box 2951
Roswell, New Mexico 88201

Change in Operator to: Fuller Petroleum, Inc.
2020 Texas American Bank Bldg.
Ft. Worth, Texas 76102



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

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

SIGNED C. W. Downey, Jr. TITLE Operations Manager DATE 4/13/87

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

ACCEPTED FOR RECORD

*See Instructions on Reverse Side

APR 20 1987

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CARLSBAD, NEW MEXICO