

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

Form Approved.
Budget Bureau No. 42-R1424

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 ☒ well gas ☐ well other ☐
2. NAME OF OPERATOR
Felix J. Hickman
3. ADDRESS OF OPERATOR
P.O. Box 12307, El Paso, Texas 79912
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1850' FNL and 790' FWL
AT TOP PROD. INTERVAL: same
AT TOTAL DEPTH: same
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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☐
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5. LEASE
NM 03556
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Schmitz
9. WELL NO.
2
10. FIELD OR WILDCAT NAME
Blanco Mesa Verde; Ojito Gallup/Dakota
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec 16, 25N, 3W
12. COUNTY OR PARISH
Rio Arriba
13. STATE
New Mexico
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
7298 K.B.

AUG 24 1982
(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.)*

Perforate Dakota 8008-8050. Acidize with 2200 gallons and fracture with 70,000 gallons Crosslinked KCL water and 90,000 lb 20-40 sand. Set bridge plug at 7475'. Perforate Gallup interval 7132-7424 with 36 holes. Acidize Gallup with 6200 gal and fracture with 105,000 gal. Slick KCL water and 122,500 lb 20-40 sand. Pulled bridge plug. Ran in hole with 2 3/8" tubing and cleaned out to P.B.T.D. Raised tubing to hang in wellhead at 7125'. Opened well to test. Operation complete 8/21/82.

Subsurface Safety Valve: Manu. and Type

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

SIGNED John Alexander TITLE Agent DATE 8/24/82

(This space for Federal or State office use)

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

ACCEPTED FOR RECORD

*See Instructions on Reverse Side

NMOCG

BY SM