

UNITED STATES P. O. BOX 1980
DEPARTMENT OF THE INTERIOR HOBBS, NEW MEXICO 88240
GEOLOGICAL SURVEY

5. LEASE
88240 NM - 073240

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Federal 30

9. WELL NO.
2

10. FIELD OR WILDCAT NAME
Gem Morrow

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Section 30, T-19-S, R-33-E

12. COUNTY OR PARISH | 13. STATE
Lea | New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
3589, 2 GR

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
Aminoil USA, Inc.

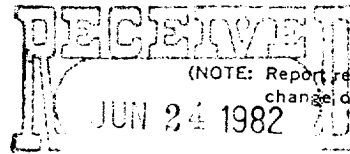
3. ADDRESS OF OPERATOR
P. O. Box 10525 Midland, Texas 79702

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1980' FWL & 2310' FSL of Section
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 checked="" 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)	<input type="checkbox"/>		<input type="checkbox"/>



(NOTE: Report results of multiple completion or zone change on Form 9-330.)

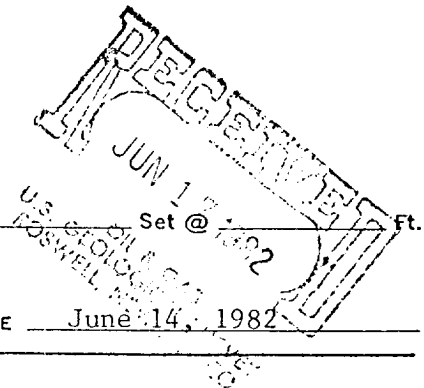
OIL & GAS
U.S. GEOLOGICAL SURVEY
ROSWELL, NEW MEXICO

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.)*

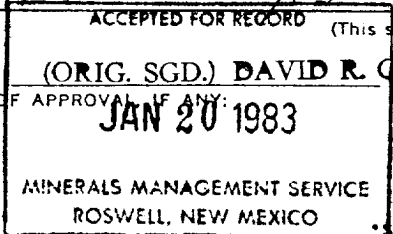
MI & R.U. Schlumberger & Perforated the Morrow 13,434'-13,440', 13,425'-13,430' and 13,372'-13,383' w/ 4 JSPF. Swabbed and flowed well for clean up. Shut well in, W.O. Production Equipment.

Subsurface Safety Valve: Manu. and Type _____

18. I hereby certify that the foregoing is true and correct
SIGNED [Signature] TITLE District Operations Manager DATE June 14, 1982



ACCEPTED FOR RECORD (This space for Federal or State office use)
APPROVED BY (ORIG. SGD.) DAVID R. GLASS DATE _____
CONDITIONS OF APPROVAL, IF ANY: JAN 20 1983



RECEIVED
JAN 21 1983
C.C.B.
HOBBBS OFFICE