

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

1. oil well gas well other Water Injection well

2. NAME OF OPERATOR
General Operating Company

3. ADDRESS OF OPERATOR
Fort Worth, Suite 1007 Ridglea Bank Bldg., Texas 76116

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1980' FNL and 660' FEL
AT TOP PROD. INTERVAL: Section 27, T17S, R30E
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) plug and abandon

5. LEASE
LC-059376
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
Grayburg Jackson Unit
8. FARM OR LEASE NAME
Tract 11
9. WELL NO.
1
10. FIELD OR WILDCAT NAME
Grayburg Jackson Queen SA
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 27, T17S, R30E
12. COUNTY OR PARISH | 13. STATE
Eddy | NM
14. API NO. no record of
Drilled prior to 1967, API#
15. ELEVATIONS (SHOW DF, KDB, AND WD)
3630 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.)*

Set 10 sack plug on bridge plug @ 3050' to 3000'
Set 25 sack plug @ 2470' to 2370'
Set 25 sack plug @ 1252' to 975'
Set 25 sack plug @ 610' to 335'
Set 10 sack plug @ 110' to surface
Hole was loaded with gel

SJS
JUN 15 1987

RECEIVED
JUN 9 12 04 PM '87
CARLSBAD RESOURCE
AREA HEADQUARTERS

CARLSBAD, NEW MEXICO

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

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

SIGNED Arthur R. Sinner TITLE Agent DATE 4-16-87

(This space for Federal or State office use)

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

Appr. _____
Locality _____
surface _____ *See Instructions on Reverse Side

Post ID-2
6-12-87
P+H