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Dec. 1973

NM OIL CONS. COMMISSION
Drawer DD
Artesia, NM 88210

Form Approved.
Budget Bureau No. 42-R1424

45F

UNITED STATES

DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

OIL & GAS

MINERALS MANAGEMENT SERVICE
ROSWELL, NEW MEXICO
NOTICES AND REPORTS ON WELLS

Use Form 9-331-C 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

Tom R. Minihan

3. ADDRESS OF OPERATOR

P.O. Box 4364 Midland, Tex. 79704

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) 330' FNL & 330' FWL

AT SURFACE:

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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O. C. C.

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

(other) Clean out and sand frac present injection interval.

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.)*

Clean out and sand frac present injection interval. Pump test 30 days. Commence Sept. 20, 1982.

1. Pull tubing and packer. Clean out to T.D. 1820'
2. Run RTTS packer on 2 3/8 tubing. Load hole. Test 4 1/2 casing with 500#. Shut in pressure.
3. Sand frac injection interval 1777 - 1813 with 10,000 gals. gel water and 20,000# 20/40 sd. down 2 3/8 tubing.
4. Equip well to pump. Pump test for 30 days.
5. If producer submit necessary forms to change well status from injection to producing oil well. If not return to injection.

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

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

SIGNED Tom R. Minihan TITLE Operator DATE 8/19/82

APPROVED

(This space for Federal or State office use)

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

AUG 31 1982

FOR

JAMES A. GILLHAM
DISTRICT SUPERVISOR

*See Instructions on Reverse Side