

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 ☐
2. NAME OF OPERATOR
H.W. Pace
3. ADDRESS OF OPERATOR
P.O. Box 588 Artesia, N.M. 88210
4. LOCATION OF WELL (REPORT LOCATION CLEARLY: See space 17 below.)
AT SURFACE: 660' FNL & 1980' FWL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH: 660' FNL & 1980' FWL
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 of operator

SUBSEQUENT REPORT OF:

- ☐
☐
☐
☐
☐
☐
☐
☐

RECEIVED BY

JUL 25 1984

O. C. D.

ARTESIA, OFFICE

(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.)*

CHANGE OF OPERATOR FROM:: H.W. Pace
P.O. Box 588
Artesia, N.M. 88210

TO: Mayfair Minerals
P.O. Box 940
McAllen, Texas 78501

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

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

SIGNED Peter W. Chester TITLE Operator DATE July 16, 1984

APPROVED

(This space for Federal or State office use)

APPROVED (Orig. Sgd.) PETER W. CHESTER TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

JUL 23 1984



*See Instructions on Reverse Side

Post ID-3
9-14-84
L.H. Op.