

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
Western Reserves Oil Company /
3. ADDRESS OF OPERATOR
P. O. Box 993 Midland, TX 79702
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
1980 FSL & 1980 FEL Sec. 13
AT SURFACE:
AT TOP PROD. INTERVAL: T-5-S R-24-E
AT TOTAL DEPTH:
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>
(other) _____	<input type="checkbox"/>

Surface Casing

SUBSEQUENT REPORT OF:

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RECEIVED
MAR 1 1982
(NOIE Report change)

U.S. GEOLOGICAL SURVEY
ROSWELL, NEW MEXICO

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details including estimated date of starting any proposed work. If well is directionally drilled measured and true vertical depths for all markers and zones pertinent to this work.)*

12-26-81 Ran 22 jts 13 3/8" 48# ST&C casing. Set @ 901' - cemented with 400 sx Halliburton Lite and 1/2# Flocele/sx with 4% CaCl₂. Followed by 300 sx Class C w/2% CaCl₂. Full circulation throughout job. Circulated 400 sx to surface. POB @ 5:00 A.M.

Subsurface Safety Valve: Manu. and Type

Set @ _____ Ft.

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

SIGNED J. J. Tanica TITLE Finger Manager DATE 1-26-82

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY _____

MAR 25 1982

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ROSSELL, NEW MEXICO

- | | | |
|------------------------------------|---------------------------|-------------|
| 5. LEASE
12441 | | |
| 6. IF INDIAN, LOTTEE OR TRIBE NAME | RECEIVED | |
| 7. UNIT AGREEMENT NAME | APR 2 | |
| 8. FARM OR L
Bevermor " | SE NAME | O. C. |
| 9. WELL NO.
#3 | 4" Federal | ARTESIA, C. |
| 10. FIELD OR V
Underster | DCAT NAME | |
| 11. SEC., T., R.
AREA | bed (Abo) | |
| Sec. 13 | 4., OR BLK. AND SURVEY OR | |
| 12. COUNTY OF
Chaves | -5-S R-24-E | |
| 13. API NO. | PARISH | 13. STATE |
| | | NM |
| 15. ELEVATION | (SHOW DF, KDB, AND WD) | |
| 3938.4 | R | |

Units of multiple completion or zone
Form 9-330.)

ils, and give pertinent dates, give subsurface locations and