

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 ☐

OCT 14 1982

2. NAME OF OPERATOR

SANDERS OIL & GAS CO. O. C. D.

3. ADDRESS OF OPERATOR

14679 MIDWAY Rd. SUITE 101 DALLAS TX. 75234

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 660' FSL 660' FEL

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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(other) Surface job & test casing.

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.)*

6-28-82 - Move in, rig up, spud at 5:00 pm

6-29-82 Drill to 930'; 12 1/4" hole - Run 23 Jts., 927' 8 5/8" 24" J-58 casing. Cemented with 450 Sx B.S. Lite + 2% CaCl Lead, & 200 Sx Class "C" + 2% CaCl Tail - plug down at 6:15 pm Cement circulated to surface. WOC 18 hrs.

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

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

SIGNED David R. Glass TITLE Geologist DATE 7-3-82

ACCEPTED FOR RECORD

(This space for Federal or State office use)

(ORIG. SGD.) DAVID R. GLASS

APPROVED BY CONDITIONS OF APPROVAL IF ANY

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U.S. GEOLOGICAL SURVEY
ROSWELL, NEW MEXICO

See Instructions on Reverse Side

5. LINE

NM-15665

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

MESA DIABLO Fm.

9. WELL NO.

10. FIELD OR WILDCAT NAME

WILD CAT - ABO

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

SE 35 T9S R.25E

12. COUNTY OR PARISH

CHAVES

13. STATE
NEW MEXICO

14. API NO.

NA

15. ELEVATIONS (SHOW DF, KDB, AND WD)

E.L. 3648 DF 3660 KB 3662

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

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