

clsf

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

Topat Oil Corp.

3. ADDRESS OF OPERATOR

505 N Big Springs, Suite 204

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

AT SURFACE: 990 FSL, 330 FEL
AT TOP PROD. INTERVAL: 990 FSL, 330 FEL
AT TOTAL DEPTH: 990 FSL, 330 FEL

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) Completion report ☐

SUBSEQUENT REPORT OF:

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5. LEASE NM 71754

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Marilyn Fed

9. WELL NO.

1

10. FIELD OR WILDCAT NAME

Coyote (Queen)

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

Sec 19 T 115 R 27 E

12. COUNTY OR PARISH

Chaves

13. STATE

Texas

14. API NO.

30-005-62956

15. ELEVATIONS (SHOW DF, KDB, AND WD)
3658 GL

(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.)*

5/18/93 spudded well, set 201' 7" 23" surface csg, cmt with 120 sx cl"c" cmt, cmt circ.

5/19 - 21/93 drilled 6 1/4 hole to 804 rkb

5/22/93 set 4 1/2 csg @ 800 rkb, cmt with 135 sx cl"c"

5/24/93 logged well comp GRN and perf from 725-769'

5/25/93 acidize well 1000 gal 15% HCL and swab back

6/1/93 fraced well with 17,000 gals and 25,000# sd

6/2/93 pumping load back



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

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

SIGNED [Signature] TITLE Field representative DATE June 10, 1993

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

