Form 9-331 (May 1963)

## **NITED STATES** DEPART ... ENT OF THE INTERIOR (Other instru

LICATE\* SUBMIT IN T

Form approved. Budget Bureau No. 42-R1424. 5. LEASE DESIGNATION AND SERIAL NO.

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

LC 028731 a

	GEOL	GEOLOGICAL SURVEY				
SUNDRY	NOTICES	AND	<b>REPORTS</b>	ON	<b>WELLS</b>	

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.

Use "APPLICATION FOR PERMIT—" for such proposals.)

ī		7. UNIT AGREEMENT NAME
•	OIL GAS WELL X OTHER	., , , , , , , , , , , , , , , , , , ,
2.	NAME OF OPERATOR	8. FARM OR LEASE NAME
	Moran Oil Producing & Drilling Corp.	Dodd
3.	ADDRESS OF OPERATOR	9. WELL NO.
	P. O. Box 1919, Hobbs, New Mexico 88240	1
		Grayburg Ponn Mana

1980/S & 1880/E Section 22, T17S, R29E, Eddy County, New Mexico

22-17-29 14. PERMIT NO. 15. ELEVATIONS (Show whether DF. RT. GR. etc.)

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

N.M.

12. COUNTY OR PARISH 13. STATE Eddv

16.

## Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE

REPAIR WELL (Other)

PULL OR ALTER CASING	
ABANDON*	хх
CHANGE PLANS	

3551 GL

WATER SHUT-OFF FRACTURE TREATMENT SHOOTING OR ACIDIZING REPAIRING WELL ALTERING CASING ABANDON MENT\*

(Other) . (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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.) •

On 4-26-71 TD of 10,880' was reached. Test indicated well nonproductive. Intention to plug and abandon with plugs as follows:

> 10,300 - 10,200 35 sx 35 sx 8900 -8800 35 sx 7300 -7200 35 sx 5500 -5400 35 sx 3450 -3550 100' in and out of 8 5/8 stub 35 sx 35 sx 200 -300 10 sx Surface

9# mud between each plug

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18. I hereb	y certify that the foregoing is true and correct		
SIGNE	o CHIJJahr	TITLE Agent	DATE 5-5-71
(This s	pace for Federal or State office use)		
	VED BY	TITLE	DATE

\*See Instructions on Reverse Side

ACTING DISTRICT FUSINFER