

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 ☒ gas ☐
well well other

2. NAME OF OPERATOR
Echo Production, Inc.

3. ADDRESS OF OPERATOR
P.O. Box 1210, Graham, Texas 76046

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1980' FNL, 1980' FEL of Sec 3
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* ☐
(other) ☐

☐
☐
☐
☐
☐
☐
☐
☐
☒

5. LEASE NM- 073791
6. IF INDIAN ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME Webb Federal
9. WELL NO. 1
10. FIELD OR WILDCAT NAME Vada Penn
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 3, T9S, R35E
12. COUNTY OR PARISH 13. STATE Lea Co. New Mexico
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD) GL-4155', KB-4178'

(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.)*

Plug	Type	Set @
1	45 sks	9000 across shot tubing
2	5½ rubber plug w/25 sks on top	8800' on top tubing stub
3	CIBP	8750'
4	75 sks	3806'-3500' across 5½" stub at 3760
5	75 sks	620'-499' across 8 5/8" stub at 567'
6	75 sks	across 13 5/8" shoe at 385'
7	15 sks	50' to 0'
8	welded plate on 13 5/8" and set dry hole marker.	

Subsurface Safety Valve: Manu. and Type

Set @ Ft.

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

SIGNED Lee Ward TITLE Engineer Technician DATE 8/17/84

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE