

N. M. OIL & GAS COMMISSION
P. O. BOX 100
HOBBBS, NEW MEXICO 88240
UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

Form Approved.
Budget Bureau No. 42-R1424

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
Brazos Petroleum Company

3. ADDRESS OF OPERATOR
P.O. Box 1782 - Midland, Texas 79702

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1650' FEL & 1980' FSL
AT TOP PROD. INTERVAL: Same
AT TOTAL DEPTH: Same

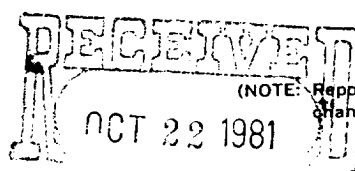
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

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) ☐ XX

SUBSEQUENT REPORT OF:

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

OIL & GAS
U.S. GEOLOGICAL SURVEY
ROSWELL, NEW MEXICO

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.)*

10-17-81 RTD 5020', lime, reached TD @ 3:30 P.M. 10-16-81. Ran 124 jts (5041.37') 4 1/2" 10.5# K55 ST&C csg set @ 5018', ran csg with float shoe with insert latch down baffle, 6 centralizers, cemented with 850 sx Class "C" 3% Econ. with 8# salt per sx, and 1/4# flocele per sx, tailed in with 300 sx "C" 50:50 POZ with 6# salt per sx, circulated 35 sx cement to surface, plug down @ 5:30 A.M. 10-17-81.

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

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

SIGNED ROGER A. CHAPMAN TITLE Production Secretary DATE 10-17-81

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____ DATE _____

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*See Instructions on Reverse Side