

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  
WMT Operating Co., Inc.
3. ADDRESS OF OPERATOR  
P.O. Box 64299 Lubbock, Tx. 79464
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE:  
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      | <input type="checkbox"/> |                       | <input type="checkbox"/> |
| FRACTURE TREAT           | <input type="checkbox"/> |                       | <input type="checkbox"/> |
| SHOOT OR ACIDIZE         | <input type="checkbox"/> |                       | <input type="checkbox"/> |
| REPAIR WELL              | <input type="checkbox"/> |                       | <input type="checkbox"/> |
| PULL OR ALTER CASING     | <input type="checkbox"/> |                       | <input type="checkbox"/> |
| MULTIPLE COMPLETE        | <input type="checkbox"/> |                       | <input type="checkbox"/> |
| CHANGE ZONES             | <input type="checkbox"/> |                       | <input type="checkbox"/> |
| ABANDON*                 | <input type="checkbox"/> |                       | <input type="checkbox"/> |
| (other)                  |                          |                       |                          |

5. LEASE  
LC063623(a)
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME  
Arco Federal
9. WELL NO.  
1
10. FIELD OR WILDCAT NAME  
Sawyer
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec. 4-T, 10 S- R, 38 E
12. COUNTY OR PARISH  
Lea
13. STATE  
New Mexico
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)  
KB 3925

(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.)\*

Spuded 1/13/83  
8 5/8 410 x/225 Sxs.  
Cored 4945-5003 Re. 58'  
Dolo w/Anhy Inclusions  
Scattered shows O & G  
4 1/2 5003 w/1200 sxs.  
Perf. 4960-5000 w/2 spf  
Ac 1000 gals 20%  
Ac 4000 gals 15% + 750 Scf N<sub>2</sub>

Re. Ac 1000 gals 20% Hcl  
+ 635# crystal salt  
& Jell water  
Ac 3000 gals 15% Hcl

Now testing  
May retreat

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ No \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED \_\_\_\_\_ TITLE Geologist DATE April 29, 1983

ACCEPTED FOR RECORD

(space for Federal or State office use)

APPROVED BY (ORIG. SGD.) DAVID R. GLASS DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL MAY 26 1983

ROSWELL, NEW MEXICO

\*See Instructions on Reverse Side

RECEIVED  
MAY 27 1983  
O.C.D.  
HOBBS OFFICE