

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  
M & W of Lovington, Inc.

3. ADDRESS OF OPERATOR  
Box 922, Lovington, N.M. 88260

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 checked="" 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) <input type="checkbox"/>	<input type="checkbox"/>

5. LEASE  
Hayes Federal N.M. 03586

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
Hayes Federal

9. WELL NO.  
#2

10. FIELD OR WILDCAT NAME  
Allison Penn

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
unit - P, Sec 30, T-8S, R-37E

12. COUNTY OR PARISH  
Roosevelt

13. STATE  
New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)  
4042 KDB

(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.)\*

1. Pull tubing & packer
2. Run tubing and anchor.
3. Run rods and put on pump.

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED [Signature] TITLE President DATE 2/2/84

APPROVED

(This space for Federal or State office use)

APPROVED BY Sgd. PETER W. CHESTER TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: Verbal was given

JUL 9 1984

\*See Instructions on Reverse Side