

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 ☐ other ☐
well well

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: 2050' FSL & 730' FWL SE 1/4
AT TOF PROD. INTERVAL:
AT TOTAL DEPTH: 9692'

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
Federal Hayes #03586

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Federal Hayes # 03586

9. WELL NO.
4

10. FIELD OR WILDCAT NAME
Allison Penn

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
S-30, T-8S, R37E, NMPM

12. COUNTY OR PARISH
Roosevelt

13. STATE
New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
KDB 4063'

(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. We prepose to start work 1/15/83
2. Pressure test casing to 1500# for 30 min.
3. Wash over stuck tubing anchor @ 9590'
4. Clean well out to 9650 P.B.T.D.
5. Acidize well with 2000 gal. 15% Hel. Ne Fe Acid
6. Return well to production

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DEC 8 1982

OIL & GAS
MINERALS MGMT. SERVICE
ROSWELL, NEW MEXICO

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

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

SIGNED [Signature] TITLE President DATE 12/7/82

APPROVED

(This space for Federal or State office use)

APPROVED BY [Signature] (Typed Name) PETER W. CHESTER DATE _____
CONDITIONS OF APPROVAL, IF ANY

FOR
JAMES A. GILLHAM
DISTRICT SUPERVISOR

See instructions on Reverse Side

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DEC 16 1982

Q.C. 2.
HOBBS OFFICE