

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

Dwight A. Tipton

3. ADDRESS OF OPERATOR

P. O. Box 755, Hobbs, NM 88241

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 554' FSL & 554' FEL of Sec. 13

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) Plug Back & Recomplete ☐

5. LEASE NO.

NM-060177

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Shearn Federal

9. WELL NO.

1

10. FIELD OR WILDCAT NAME

Allison Penn

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 13, T8S, R36E

12. COUNTY OR PARISH

Roosevelt

13. STATE

NM

14. API NO.

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

(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.)*

Pulled rods & pump. Unable to pull tubing. Cut & pulled tubing from 7025. Unable to fish remainder of tubing. Left 2600' tubing, tubing anchor & seating nipple in hole. It is proposed to run tubing open ended to 7025 & cement with 200 sacks. WOC 24 hours & load hole. If necessary will recement with 200 sacks. Perforate 5 1/2" casing at 5500 & block squeeze back to 8 5/8" casing. Perforate San Andres as indicated by log & test for production.

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

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

SIGNED

Dwight A. Tipton

TITLE Agent

DATE 4/9/85

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVED

PETER W. CHESTER

DATE

APR 29 1985

See Instructions on Reverse Side
BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE AREA