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UNITED STATES HOBBS, NEW MEXICO 88240

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 ☐ XXwell ☐

2. NAME OF OPERATOR
SNB Operating Co.

3. ADDRESS OF OPERATOR
P.O. Box 543 Lovington N.M. 88202

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1980' S 660' E
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

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) _____

SUBSEQUENT REPORT OF:

☐
☐
☐
☐
☐
☐
☐
☒

5. LEASE

NM - 051845

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
N.M. Federal

9. WELL NO.

1

10. FIELD OR WILDCAT NAME

Wildcat So. Pharms WC

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

Sec. 20 T 8S 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.)*

4-3 -1990 Set CIBP @ 8900' - dump 35' cement on top
4-4 -1990 Spot 50 sxs cement @ 4405' perforated and squeezed tag 4180'
4-5 -1990 Spot 75 sxs cement @ 3080' -tag 2910' Pulled 3000' of 7" casing
4-5 1990 Spot 85 sxs cement @ 460' - 300'
4-5 1990 Spot 10 sxs cement @ surface

Cut and pulled 3000' of 7" casing
Install dry hole marker
Hole circulated with 10# mud

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

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

SIGNED Peter W. Chester TITLE Agent DATE 4-20-90

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

