

5 10 20

NY 50096

E. J. JOHAN, A LOYALTY OF THE PEOPLE

7. CONTRACT AGREEMENT NAME

8. FARM OR LEASE NAME

Shearn Federal

9. WELL NO.

1

10. FIELD OR WILDCAT NAME

Allison-Pennsylvania

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

25. T-8S R-36E NMPM

12. COUNTY OR PARISH 13. STATE

Roosevelt New Mexico

14. AP NC

40632DE

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

4063 G/L

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF	☐
FRACTURE TREAT	☐
SHOOT OR ACIDIZE	☐
REPAIR WELL	☐
PULL OR ALTER CASING	☐
MULTIPLE COMPLETE	☐
CHANGE ZONES	☐
ABANDON*	☐
(other)	☐

Journal of

(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.)*

Verbal from Amando Lopez 5-25-84

- 5-26-84 1. 50 sacks of class C cement with 2% calcium chloiride at 5511'. Tag at 4963'. Mix mud using 25# bbl. of brine. Circulate hole.
- 5-29-84 2. 25 sacks of class C cement at 4200'. Tag at 4014'. Cut casing at 2708'.
- 5-31-84 3. 25 sacks of class C cement at 2760'. Est. TOC at 2521'.
- 5-31-84 4. 25 sacks of class C cement at 450'. Est. TOC at 209'. Pressure test plug to 1000 PSI.
- 6-1-84 5. 15 sacks of class C cement surface plug. Weld on steel plate and dry hole marker.

ALL PLUGS WERE DISPLACED WITH 9.5# mud.

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

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

Phone: 915-683-5607

SIGNED Mark K. Swoman

TITLE Drilling Engineer

DATE 6-18-84

APPROVED

(This space for Federal or State office use)

APPROVED BY: WALTER W. CHESTER

TITLE

DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

RECEIVED

JAN 25 1985

O.C.D.
HOBBS OFFICE