

Form 9-331
Dec. 1973

Form Approved.
Budget Bureau No. 42-R1424

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 ☐ Water Injection
2. NAME OF OPERATOR
Fina Oil & Chemical Company
3. ADDRESS OF OPERATOR
Box 2990, Midland, TX 79721
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1650 FNL, 924 FEL Sec. 30
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 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 checked="" type="checkbox"/>		<input type="checkbox"/>
(other)			

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.)*
7-26-85 Propose to set cement retainer at 4170 & cement perforations in 4-1/2" casing below with 50 sx and leave 35 ft. of cement on top of retainer. Set CIBP @ 2380.

Perforate and establish circulation @ 2372 and pump sufficient cement from 2372-2100 inside and outside of casing.
Perforate at 470' and set plug from 470' to surface inside and outside of 4-1/2" casing.

Mr. J. C. Chapman of our offices received verbal approval by phone with BLM office.

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

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

SIGNED Peter E. Smelley R.E. Smelley TITLE Dist. Dir. & Prod. Mgr. DATE July 29, 1985

(This space for Federal or State office use)

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

APPROVED
PETER W. CHESTER
AUG 9 1985
BUREAU OF LAND MANAGEMENT
ROSSELL RESOURCE AREA

RECEIVED

AUG 14 1985

COMMUNICATIONS
SECTION