

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 ☒ well gas ☐ well other ☐

2. NAME OF OPERATOR

Fina Oil & Chemical Company

3. ADDRESS OF OPERATOR

P. O. Box 2990 Midland, TX 79702

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

AT SURFACE: 2310 FSL, 1650 FWL 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:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

CHANGE ZONES ☐

ABANDON* ☒

(other) ☐

SUBSEQUENT REPORT OF:

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5. LEASE

NM 0145685

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Horton Federal

9. WELL NO.

8

10. FIELD OR WILDCAT NAME

Milnesand-San Andres

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

30 8-35

12. COUNTY OR PARISH

Roosevelt

13. STATE

NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
4228 RDB

(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.)*

with bridge plug @ 4640' with 2 sx sand & cement on top
and with a cement retainer @ 3870 with 5 sx cement on top.

In addition we will:

Place 10 sx plug on top of retainer @ 3870

Place 100 ~~sx~~ plug from 2200 to 2100'

Cut off 4-1/2" casing @ 1150 ft

Place cement plug 50 ft in & out of 4-1/2" casing stub (100' total)

Place cement plug from 459-359, Tag plug

Place 50 ft surface plug

Set 4" pipe marker

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

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

Asst. Dist. Mgr.

SIGNED J. C. Chapman

TITLE Of Production DATE 11-18-85

(This space for Federal or State office use)

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

APPROVED
DATE PETER W. CHESTER

NOV 22 1985

BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE AREA

RECEIVED

NOV 25 1985

U.S. DEPT. OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION