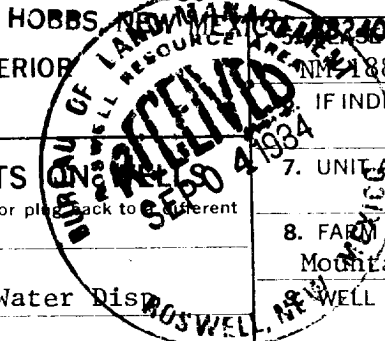


UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY



SUNDRY NOTICES AND REPORTS

(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 ☐ Salt Water Disposal

2. NAME OF OPERATOR
Darrell Jackson & Richard Donald Murphree

3. ADDRESS OF OPERATOR
P. O. Box 763, Hobbs, NM 88241

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 2310' FNL & 1980' FEL
AT TOP PROD. INTERVAL: of Sec. 30
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 checked="" 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 type="checkbox"/>	<input type="checkbox"/>
(other) <input type="checkbox"/>	<input type="checkbox"/>

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Mountain Federal

WELL NO.
1

10. FIELD OR WILDCAT NAME
Tomahawk San Andres

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

Sec. 30, T7S, R32E

12. COUNTY OR PARISH 13. STATE

Roosevelt NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
4423 KB

(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 tubing & packer. Replaced 24 joints 2 3/8" tubing and tested all tubing to 3000#. Ran tubing and new 4 1/2" tension type packer. Found hole in casing between 2770 and 2890. Set packer at 4023 for injection. Request time to evaluate feasibility of repairing casing or plugging well.

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 8/30/84

ACCEPTED FOR RECORD (This space for Federal or State office use)
APPROVED BY PETER W. CHESTER TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: OCT 11 1984



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