

Form 9-331  
(May 1963)UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE\*  
(Other instructions on reverse side)Form approved.  
Budget Bureau No. 42-R1424.

## 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 "APPLICATION FOR PERMIT—" for such proposals.)

1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <u>SND Well</u>		5. LEASE DESIGNATION AND SERIAL NO. <u>MM 18816</u>
2. NAME OF OPERATOR <u>Wolfson Oil Company</u>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR <u>3206 Republic Bank Tower Dallas, Texas</u>		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with all State regulations. See also space 17 below.) At surface <u>2310 FNL &amp; 1980 FEL</u>		8. FARM OR LEASE NAME <u>Mountain-Federal</u>
14. PERMIT NO.		9. WELL NO. <u>1</u>
15. ELEVATIONS (Show whether in feet or meters) <u>1423 KB</u>		10. FIELD AND POOL, OR WILDCAT <u>Tomahawk (San Andres)</u>
11. SEC., T., R., OR BLK. AND SURVEY OR AREA <u>30; 7-S; 32-E</u>		12. COUNTY OR PARISH <u>Roosevelt</u>
13. STATE <u>New Mexico</u>		

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16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data:

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	

(Other) Convert SWD to Producer

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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.) \*

Request permission to attempt conversion of SWD to producer in the same interval as injection (San Andres formation). If unsuccessful the well will continue to be utilized as an injection well.

Current perforations 4108-64 will be squeezed with 400 sx. Well will be perforated from 4113-50 and completion attempted.

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

SIGNED H. F. FreedmanTITLE Prod. Engr.DATE 11-10-80

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

DATE

NOV 18 1980

DISTRICT SUPERVISOR

\*See Instructions on Reverse Side