

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
H. L. Brown, Jr.
3. ADDRESS OF OPERATOR
P. O. Box 2237, Midland, Texas 79702
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 0-34-7S-37E
AT TOP PROD. INTERVAL: 34-7S-37E
AT TOTAL DEPTH: 34-7S-37E
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 type="checkbox"/> | <input type="checkbox"/> |
- (other) Test of well for further evaluation

5. LEASE
~~Federal~~ *Nm-17450*
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Federal K
9. WELL NO.
1
10. FIELD OR WILDCAT NAME
Bluitt (Wolfcamp)
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec 34 - 7S-37E
12. COUNTY OR PARISH
Roosevelt
13. STATE
New Mexico
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
4058' GL

(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.)*

12-7-85 Well was opened to test for evaluation of well. Well produced 3 BO and gas was tstm.

12-10-85 Well started flowing out of casing. Flowed 100 BO + 5 BW w/gas tstm. Flowed 20 hours and well died. SI for weather.

12-13-85 Swabbed 20 BW + 5 BO. Shut down due to snow.

12-14-85 Swabbed 14 BW w/no gas.

12-15-85 RDCU and released. Will consider restimulation of Wolfcamp gas pay, P&A, or convert to SWD.
Oil sold to Permian Corporation and test tanks released.

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

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

SIGNED *Jean Mills* TITLE Production Clerk DATE January 22, 1986

(This space for Federal or State office use)

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

*See Instructions on Reverse Side

