

UNITED STATES HOBBBS, NEW MEXICO 88240
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
American Petrofina Company of Texas

3. ADDRESS OF OPERATOR
P. O. Box 2990, Midland, TX 79702

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

AT SURFACE: 2305 FNL, 285 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:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐

SUBSEQUENT REPORT OF:

(other) Change well number

5. LEASE

NM 0145685

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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7. UNIT AGREEMENT NAME

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8. FARM OR LEASE NAME
Horton Federal

9. WELL NO.
32 (Change from 38)

10. FIELD OR WILDCAT NAME
Milnesand San Andres

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
30, 8S, 35E

12. COUNTY OR PARISH
Rocsevelt

13. STATE
New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
GR 4214.3

(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.)*

At the suggestion of the Roswell office of the BLM and to ensure an orderly sequence of well numbers on the Horton Federal Lease, we are changing well no. 38 to well no. 32.

OCT 15 1984

Subsurface Safety Valve: Manu. and Type _____

Set @ _____ Ft.

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

SIGNED J. C. Chapman TITLE Asst. Mgr/Prod DATE 10/12/84

(This space for Federal or State office use)

APPROVED BY (Orig. Sgd.) PETER W. CHESTER

TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

OCT 17 1984

RECEIVED

OCT 19 1984

G. J. J.
HOBBS OFFICE