

UNITED STATES OF AMERICA
ORIGINAL

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
Gene A. Snow Operating
3. ADDRESS OF OPERATOR
P.O. Box 1270 Lovington, New Mexico 88260
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 660' FSL and 660' FWL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH: 2935'
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) PUT BACK INTO PRODUCTION. | <input type="checkbox"/> | <input type="checkbox"/> |

5. LEASE C-068474
Drickey Queen Sand Unit
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
9. WELL NO.
6-19
10. FIELD OR WILDCAT NAME
Caprock Queen
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 3 T-14S R-31E
12. COUNTY OR PARISH Chaves 13. STATE New Mexico
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)

RECEIVED

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

NOV 16 1978

O. G. S.
ARTESIA OFFICE

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.)*

1. Pull plug out of well head.
2. Run production equipment, rods and tubing.
3. Set pumping unit. Pump from total depth.

Subsurface Safety Valve: Manu. and Type

Set @ Ft.

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

SIGNED Sam L. Snow TITLE Operator DATE October 27, 1978

APPROVED BY Lee M. Lara (This space for Federal or State office use) TITLE ACTING DISTRICT ENGINEER DATE NOV 15 1978