

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 ☒ gas ☐ other ☐
well well

2. NAME OF OPERATOR

Haseloff Corporation

3. ADDRESS OF OPERATOR

Box 249, Lovington, NM 88260

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

AT SURFACE:

AT TOP PROD. INTERVAL:

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 ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐

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(other) Return to Production

Casing Test T.A. well.

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

5 LEASE
NM 046153-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Miller Federal

9. WELL NO.

3

10. FIELD OR WILDCAT NAME

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

SENE Sec 34; T7S R31E

12. COUNTY OR PARISH

Chaves

13. STATE

New Mexico

14. API NO.

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

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.)*

Test of down hole condition requested by BLM April 18, 1985.
The casing was pressure tested to 250 psi on June 6, 1985 and the pressure did not drop in 35 Min. Packer was set at the depth of 3690' using a model R-4 packer which at this depth will not hold much more pressure on the backside without putting pressure on the tubing, and the formation was taking fluid.

Subsurface Safety Valve: Manu. and Type

N/A

Set @

N/A

Fl.

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

SIGNED

Jack C. Hunt

TITLE

Official Manager

DATE

6-17-85

(This space for Federal or State Office Use)

APPROVED BY

TITLE

PETER W. CHESTER

DATE

CONDITIONS OF APPROVAL, IF ANY:

JUN 20 1985

ENDING

6/20/87

BUREAU OF LAND MANAGEMENT

*See Instructions for Reversal Area

RECEIVED

JUN 24 1985

CCB
POLICE OFFICE