

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 Salt Water Disposal
well well
2. NAME OF OPERATOR
Haseloff Corporation
3. ADDRESS OF OPERATOR
Box 249, Lovington, N.M. 88260
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1980' FSL & 660' FWL
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* ☐ ☐
- (other) Amended Report ☒

Original report dated 9/19/84

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.)*

Work Began 9/11/84. Pulled tubing and packer. Found leak in 4 1/2" casing at 486'. Set retrieveable bridge plug at 540' and squeezed with 175 sacks, cement circulated to surface. Drilled out cement, pulled retrieveable bridge plug and tested casing with 500# for 30 minutes. Test O.K. circulated hole clean. Ran 2 3/8" plastic coated tubing and set packer at 3881. Resumed injection 9/17/84. Well takes water ~~on~~ vacuum.
ON

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

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

SIGNED Peter W. Chester TITLE Office Manager DATE December 06, 1985

ACCEPTED FOR RECORD (This space for Federal or State office use)
PETER W. CHESTER

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

DEC 23 1985

BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE AREA See Instructions on Reverse Side

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.
4
10. FIELD OR WILDCAT NAME
Tom Tom San Andres
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec 35, T7S, R31E
12. COUNTY OR PARISH 13. STATE
Chaves New Mexico
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
4338 DF

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