

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

Haseloff Corporation

3. ADDRESS OF OPERATOR

P. O. Box 249, Lovington NM 88260

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

660' FSL X 660' FWL,
AT SURFACE: Unit M
AT TOP PROD. INTERVAL: Sec. 34, T-7-S, R-31-E
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:

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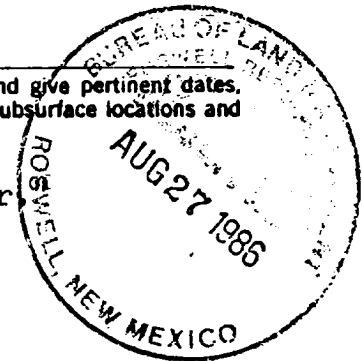
(other) Temporarily Abandon

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.)*

8-26-86 T.A. this date due to pumping 100% water

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.	6
10. FIELD OR WILDCAT NAME	Tom-Tom San Andres
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA	34-7-31
12. COUNTY OR PARISH	Chaves
13. STATE	New Mexico
14. API NO.	
15. ELEVATIONS (SHOW DF, KDB, AND WD)	4294' GL

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



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

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

SIGNED [Signature] TITLE Office Manager DATE August 26, 1986

(This space for Federal or State office use)

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

APPROVED FOR 12 MONTH PERIOD
ENDING SEP 10 1987

*See Instructions on Reverse Side

