Form 9-331 Dec. 1973

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

Form Approved.

UNITED STATES
<b>DEPARTMENT OF THE INTERIOR</b>
GEOLOGICAL SURVEY

	Budget Bureau No. 42-R14
5.	LEASE
	NM-046153-A
6.	IF INDIAN, ALLOTTEE OR TRIBE NAME
7.	UNIT AGREEMENT NAME
8.	FARM OR LEASE NAME
	Western Reserves Fed. '34'
9.	WELL NO.
	3
10.	FIELD OR WILDCAT NAME
	Tom-Tom (San Andres)
	Cuit Midica)
11.	
11.	SEC., T., R., M., OR BLK. AND SURVEY AREA
11.	SEC., T., R., M., OR BLK. AND SURVEY
	SEC., T., R., M., OR BLK. AND SURVEY AREA Sec. 34, T-7-S, R-31-1
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12.	SEC., T., R., M., OR BLK. AND SURVEY AREA Sec. 34, T-7-S, R-31-1  COUNTY OR PARISH 13. STATE Chaves NM
12.	SEC., T., R., M., OR BLK. AND SURVEY AREA Sec. 34, T-7-S, R-31-1 COUNTY OR PARISH 13. STATE
12. 14.	SEC., T., R., M., OR BLK. AND SURVEY AREA Sec. 34, T-7-S, R-31-1 COUNTY OR PARISH 13. STATE Chaves NM API NO.
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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. nil gas well X well other 2. NAME OF OPERATOR MORANCO 3. ADDRESS OF OPERATOR P. O. Box 1860 Hobbs, NM 88240 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 AT SURFACE: 2310' FWL & 330' FNL Sec 34, T-7-S AT TOP PROD. INTERVAL: 3940' R-31-H AT TOTAL DEPTH: 4130 +± 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\* Surfacing Casing (other) 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.)\* 6/14/80 Spud 12 1/4" hole 2:30pm, 6/14/80Ran 40 Jts. (1588') 8 5/8", 24# K-55 casing & set @ 1601'. 6/16/80 Cemented with 450 sx Halliburton lite 1/4# flocele/sx, 5# gilsonite/sx, .2% CaCl<sub>2</sub>. Followed by 200 sx Class 'C' .2% CaCl<sub>2</sub>. Full circulation throughout job. Circulated 75 sx cement to surface W.O.C. 18 hours. tested csg. 1000#, 30 minutes. Subsurface Safety Valve: Manu. and Type Set @ 18. I hereby certify that the foregoing is true and correct TITLE \_\_\_ Agent \_\_\_\_ DATE \_\_\_ 6/17/80 (This space for Federal or State office use)

ACTING DISTRICT ENGINEE

\_\_\_\_ DATE \_ \_\_

TITLE \_\_\_\_

## RECEIVED

JUN 23 1980

O. C. D.
ARTESIA, OFFICE

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