

**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

Western Reserves Oil Company

3. ADDRESS OF OPERATOR

P. O. Box 993 Midland, TX 79702

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

AT SURFACE: 2300' FSL & 990' FEL Sec. 10, T-8-S,  
AT TOP PROD. INTERVAL: 3920' ± R-31-E  
AT TOTAL DEPTH: 4200' ±

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) Surfacing Casing ☒

5. LEASE

NM-19197

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

RECEIVED

8. FARM OR LEASE NAME

Button Mesa

JUL 14 1980

9. WELL NO.

1

G. C. D.

10. FIELD OR WILDCAT NAME

ARTESIA, OFFICE

Undesignated East Siete San Andres

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

Sec. 10, T-8-S, R-31-E

12. COUNTY OR PARISH

Chaves

13. STATE

NM

14. API NO.

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

DF 4324

(NOTE: Report results of multiple completion or zone change on Form 9-331-E)

RECEIVED  
JUL 14 1980  
U.S. GEOLOGICAL SURVEY  
ARTESIA, NEW MEXICO

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.)\*

6/30/80

Spud 12 1/4" hole @ 6:30pm.

7/2/80

Ran 38 jts. (1435') 8 5/8 24# K-55 casing & set @ 1448'.  
Cemented w/400 sx Hal-lite, 1/4# flocele/sx. 2% CaCl<sub>2</sub>.  
5# gilsonite/sx. Followed by 200 sx Class. 1% CaCl<sub>2</sub>.  
Full circulation throughout job. P.O.B. 3:50am, 7/2/80.  
Circulated 50 sx to surface. W.O.C. 18 hrs. Pressure  
tested csg. 1000# 30 min.

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_

Set @ \_\_\_\_\_ Ft.

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

SIGNED \_\_\_\_\_

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

(This space for Federal or State office use)

APPROVED BY: (Signature) PETER W. CHESTER TITLE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

JUL 15 1980

OIL CONSERVATION DIV.