

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 ☐
well well other

2. NAME OF OPERATOR
Petroleum Exploration Company, Inc.

3. ADDRESS OF OPERATOR
P.O. Box 809, Roswell, New Mexico 88201

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1980' FNL & 660' FEL
AT TOP PROD. INTERVAL: Same
AT TOTAL DEPTH: Same

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* ☐
(other) ☐

SUBSEQUENT REPORT OF:

☐
☐
☐
☐
☐
☐
☐
☐
☒

5. LEASE
NM 067707

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Sieta - Federal

9. WELL NO.
2

10. FIELD OR WILDCAT NAME

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Section 17-8S-31E

12. COUNTY OR PARISH
Chaves

13. STATE
N.M.

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
4210 GL

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

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.)*

8-29-84 M.I.R.U.P.U. & Reverse Unit. Mixed 70 sxs of gel w/140 bbls water. R.I.H. w/ 3-7/8" bit & 2-3/8" tubing. Tagged bottom at 624'. Washed down to 726'. Worked for four hrs. - could not get past - S.D.O.N.

8-30-84 Washed back down to 726'. Circulated hole w/mud. Set 50 sxs. cement plug w/ 4% CACL for 726' to 566'. WOC 1 hr. Tagged top of cement at 566'. Set 40 sxs cement plug from 450' to 300'. Set 20 sxs cement plug from 60' to surface. R.D.M.O.P.U.

9-1-84 Installed dry hole marker.

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

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

SIGNED Wesley Jordan TITLE Secretary/Treas. DATE 9-4-84

APPROVED

(This space for Federal or State office use)

(Orig. Sgd.) PETER W. CHESTER

APPROVED BY
CONDITIONS OF APPROVAL IF ANY:

TITLE _____ DATE _____

NOV 8 1984

*See Instructions on Reverse Side

4-6-86 - M. Will record submitted according to LHM

4686
P4 comp. Ported

RECEIVED BY
NOV 09 1984
O. C. D.
ARTESIA. OFFICE

RECEIVED
NOV 13 1984
O. C. D.
ARTESIA. OFFICE