

Drawer 70
Artesia, 77 38210

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Form Approved.
Budget Bureau No. 42-R1424

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

(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
BISON PETROLEUM CORPORATION
3. ADDRESS OF OPERATOR 79101
203 W. 8th Suite 510 Amarillo, TX
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1980 FSL 1485 FWL Unit K
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	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>
ABANDON*	<input checked="" type="checkbox"/>
(other)	<input checked="" type="checkbox"/>

□ □ □ □ □ □ □

This well was not productive of either oil or gas.

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

5. LEASE

3 NM-17226-A

6. IF INDIAN, ALLOTTEE OR TRIBAL NAME RECEIVED BY

7. UNIT AGREEMENT NAME

OCT 28 1983

8. FARM OR LEASE NAME

WALTERS FEDERAL

O. C. D.
ARTESIA OFFICE

9. WELL NO.

3

10. FIELD OR WILDCAT NAME

SE Chaves Queen Gas Area Asso.

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

Sec. 34 T13S R30E

12. COUNTY OR PARISH | 13. STATE

CHAVES	NEW MEXICO
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14. API NO.

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

3863.2 G.R. 3870 K.B.

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.)*

Plan to start plugging procedure by PBCP Services, Inc.
approximately October 15, 1983.

Tag bottom and spot ¹⁵⁰~~100~~' cement plug.

Cut 5 1/2" casing (est 200'), circulate cement from 250' to surface.

Tack on required 4-foot descriptive steel marker.

Rehabilitate surface area.

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

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

SIGNED [Signature] TITLE President DATE October 4, 1983

(This space for Federal or State office use)

(This space for
(ORIG. SGD.) DAVID R. GLASS

APPROVED BY DAVID R. GLASS TITLE _____ DATE _____
 CONDITIONS OF APPROVAL ACT 017 1083

OCT 27 1983

*See Instructions on Reverse Side

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OCT 31 1983

O.C.D.
HOBBS OFFICE