

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, NM 88201

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 660' FWL & 660' FNL
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:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	<input type="checkbox"/>		<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>		<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>		<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>		<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>		<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>		<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>		<input checked="" type="checkbox"/>
ABANDON*	<input type="checkbox"/>		<input type="checkbox"/>
(other)	<input type="checkbox"/>		<input type="checkbox"/>

NM-19197

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Phillips-Federal

9. WELL NO.

10. FIELD OR WILDCAT NAME
Tom Tom - San Andres

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Section 10
T-8-S, R-31-E

12. COUNTY OR PARISH
Chaves

13. STATE
New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
4,283 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.)*

3-15-84 Cast iron bridge plug set at 3880'. Perforations (by Schlumberger) as follows: 3825.5', 3827', 3827.5', 3828', 3828.5', 3829', 3832.5', 3833', 3836.5', 3837', 3839', 3839.5', 3843.5', 3848', 3856', 3856.5', 3862.5', 3863', 18 shots total.

3-16-84 Treated perfs with 4000 gals of 20% HCL.

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

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

SIGNED Herle B. Baker TITLE Sec./Tres. DATE 3-19-84

ACCEPTED FOR RECORD (This space for Federal or State office use)

APPROVED BY PETTY W. BENDER TITLE _____ DATE _____
CONDITIONS OF APPROVAL IF ANY:

MAY 16 1984



RECEIVED
MAY 21 1984
C. C. D.
HOBBS OFFICE

RECEIVED BY
MAY 17 1984
O. C. D.
ARTESIA, OFFICE