

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
Forister & Sweatt
3. ADDRESS OF OPERATOR
P.O. Box 161, Artesia, NM 88210
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: **1830' FNL & 1980' FWL**
AT TOP PROD. INTERVAL:
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 type="checkbox"/>
ABANDON*	<input type="checkbox"/>	<input type="checkbox"/>
(other)	<input type="checkbox"/>	<input type="checkbox"/>

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clear / 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.)*

7/26/84 - 7:00 A.M. - Drilling at 2621' in anhydrite & sand.
Tripped out of hole for DST #2.

5. LEASE
NM 31114

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
O.C.D.

7. UNIT AGREEMENT NAME
ARTESIA, OFFICE

8. FARM OR LEASE NAME
Sabine Federal

9. WELL NO.
2

10. FIELD OR WILDCAT NAME
SE Chaves Queen Association

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 17, T-13S, R-31E

12. COUNTY OR PARISH
Chaves

13. STATE
New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
4045.5 GR

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

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

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

SIGNED Karen A. Pappard TITLE Prod. Clerk DATE 7/26/84

ACCEPTED FOR RECORD (This space for Federal or State office use)
APPROVED BY PETER W. CHESTER TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

JUL 30 1984

RECEIVED

2110 - 612271

RECEIVED