

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  
Bison Petroleum Corporation  
3. ADDRESS OF OPERATOR  
203 W. 8th Suite 510 Amarillo, TX 79101  
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 1980' FNL & 1200' FWL Unit E  
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"/>	<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) <u>TD &amp; Casing Report</u>	

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.)\*

2-20-85 TD @ 9:45 am 2200'

2-21-85 Run 69 jts. 5 1/2" 15.5# csg. & set @ 2200'.  
Set w/300 sx Cl 'C' cmt w/1/4 lb. floseal  
and 150 sx 50-50 poz 'C' @ 2200'.

5. LEASE  
NM-18501  
6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
  
7. UNIT AGREEMENT NAME  
  
8. FARM OR LEASE NAME  
Walters B Federal  
9. WELL NO.  
1  
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  
Chaves  
13. STATE  
New Mexico  
14. API NO.  
  
15. ELEVATIONS (SHOW DF, KDB, AND WD)  
3869.0 GL

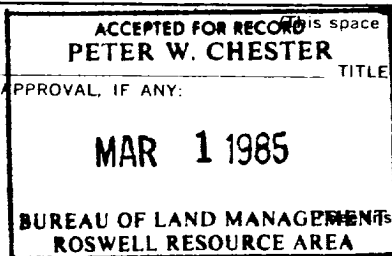
(NOTE: Report results of multiple completion or zone change on Form 9-330.)

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED Peter W. Chester TITLE Admin. Sec. DATE 2-25-85

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY: \_\_\_\_\_



INSTRUCTIONS on Reverse Side

RECEIVED

MAR -6 1985

O.C.B.  
HOBBS OFFICE