Form 9-331
Dec. 1973

N. M. OIL CONS. COMMISSION
P. O. BOX 1980
HOBBS, NEW MEXICO 88240

Form Approved.
Budget Bureau No. 42-R1424

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 XXX gas well ☐ other

2. NAME OF OPERATOR
Haseloff Corporation

3. ADDRESS OF OPERATOR
Box 249, Lovington, New Mexico 88260

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 990' FSL 330' FEL
AT TOP PROD. INTERVAL: Same
AT TOTAL DEPTH: Same

5. LEASE DESIGNATION AND SERIAL NO.
NM-046153-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Miller

9. WELL NO.
8

10. FIELD OR WILDCAT NAME
Tom Tom - San Andres

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 35: T-7S, R-31E

12. COUNTY OR PARISH
Chaves

13. STATE
N M.

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
4358 GR

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	☐		☐
FRACTURE TREAT	☐		☐
SHOOT OR ACIDIZE	☐		☐
REPAIR WELL	☐		☐
PULL OR ALTER CASING	☐		☐
MULTIPLE COMPLETE	☐		☐
CHANGE ZONES	☐		☐
ABANDON*	☐		☐
(other) Completion			

(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.)*

4-23-85 T.D. 4200' Schlumberger Perforated as follows:
3956, 3962, 3976, 3978, 4008, 4011.5, 4015,
4018, 4019, 4020, 4025, 4033, 4037, 4038, 4040,
4045, 4046, 4078, 4079, 4080, 4086, 4120, 4121,
4122, 4126, 4127 - 26 Total Shots

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

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

SIGNED _____ TITLE _____ DATE _____

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD
PETER W. CHESTER
MAY 1 1985
BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE AREA

*See Instructions on Reverse Side