

UNITED STATES OF NEW MEXICO  
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 ☐ other ☐  
well well

2. NAME OF OPERATOR  
Haseloff Corporation

3. ADDRESS OF OPERATOR  
P. O. Box 249, Lovington, NM 88260

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
1980' FSL 1650' FEL  
AT SURFACE:  
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 type="checkbox"/>
ABANDON*	<input type="checkbox"/>		<input type="checkbox"/>
(other)	Surface Casing		

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.)\*

12-22-85 Spudded 12 1/4" hole at 3:00 P. M.

12-23-85 T. D. Surface 1150' at 5:00 P. M. - Ran 27 joints of 8 5/8" 24# J-55 casing, set and cemented at 1137' W/ 210 sxs lite wt. #3 and 250 sxs class C w/ 2% cacl., circulated 25 sxs to surface.  
Plug down at 12:00 P. M. 12-23-85.

12-26-85 WOC, Pressured up 1000# for thirty minutes (30), tested BOP Held O.K.

Reduced hole to 7 7/8"

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

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

SIGNED John C. Santa TITLE Office Manager DATE 1-14-86

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE PETER W. CLUSTER  
CONDITIONS OF APPROVAL, IF ANY:

JAN 22 1986  
BUREAU OF LAND MANAGEMENT  
ROSWELL, N.M. 87068

5. LEASE  
NM-046153-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
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7. UNIT AGREEMENT NAME  
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8. FARM OR LEASE NAME  
Miller Federal

9. WELL NO.  
9

10. FIELD OR WILDCAT NAME  
Tom-Tom SanAnders

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec. 35: T7S, R31E

12. COUNTY OR PARISH  
Chaves

13. STATE  
New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)  
4360.8' GR

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