| Form 9-331   | Form Approved.<br>Budget Bureau No. 42–R1424                               |
|--|--|
| UNITED STATES  | 5. LEASE   |
| DEPARTMENT OF THE INTERIOR   | LC-058514  |
| GEOLOGICAL SURVEY  | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME                                       |
|  |  |
| SUNDRY NOTICES AND REPORTS ON WELLS (Do not use this form for proposals to drill or to deepen or plug back to a different  | 7. UNIT AGREEMENT NAME   |
| reservoir, Use Form 9-331-C for such proposals.)   | 8. FARM OR LEASE NAME  |
| 1. oil gas   | PEARSALL BX  |
| well well other  | 9. WELL NO.  |
| 2. NAME OF OPERATOR  CONDCO (NC.   | 10. FIELD OR WILDCAT NAME  |
| 3. ADDRESS OF OPERATOR   | PEARSALL QUEEN   |
| P.O. BOX 460 HOBBS, NM. 88240  | 11. SEC., T., R., M., OR BLK. AND SURVEY OF                                |
| 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17   | AREA   |
| below.)<br>AT SURFACE: /345'FNL & /295'FEL   | SEC. 34, T-175 R-32E   |
| AT TOP PROD. INTERVAL: Jame  | 12. COUNTY OR PARISH 13. STATE  LEA NM.                                    |
| AT TOTAL DEPTH: Some   | 14. API NO.  |
| 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,  |  |
| REPORT, OR OTHER DATA  | 15. ELEVATIONS (SHOW DF, KDB, AND WD                                       |
|  |  |
| REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:   | B F O F I M D D  |
| TEST WATER SHUT-OFF  | RECEIVED   |
| SHOOT OR ACIDIZE   | שַבייבי  |
| REPAIR WELL  | (NOTE: Report res MAN multiplies (Note: Report res MAN multiplies)         |
| PULL OR ALTER CASING  MULTIPLE COMPLETE  |  |
| CHANGE ZONES   | U. S. GEOLOGICAL SURVEY  |
| ABANDON*   | HOBBS, NEW MEXICO  |
| (other)  |  |
| 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly statincluding estimated date of starting any proposed work. If well is d measured and true vertical depths for all markers and zones pertinen | lirectionally drilled, give subsurface locations and<br>it to this work.)* |
| It is proposed to cleanout the open hole see   | CTION OF THE WELLBOTE AS JUNE .  |
|  |  |
| MIRU & pull production equipment. Set pk   |  |
| 450 gal. 15% HCI-NE-FE W/ 100 gal. Xy/ene  | e . Flush & swab. Pump in  |
| 2 drums TH-793 St 5 gal. TC-120 & 60 bbs   |  |
| Run production equipment & place well on pro   | duction. Clean up location.  |
| No additional surface disturbance is an  | aticipated.  |
| Subsurface Safety Valve: Manu. and Type  | Set @ F  |
| 18. I hereby certify that the foregoing is true and correct  |  |
| SIGNED A. E. Singham TITLE SR. ANALYST   | DATE   |
| (This space for Federal or State off   | A POROVED  |
|  |  |
| APPROVED BY TITLE CONDITIONS OF APPROVAL, IF ANY:  | MAY 2.7 1980   |
| น365 · 5<br>ค.ย  | 1500   |
|  |  |

\*See Instructions on Reverse Side