

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
J. M. HUBER CORPORATION
3. ADDRESS OF OPERATOR
1900 Wilco Building, Midland, Texas 79701
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 700' FSL & 1980' FEL
AT TOP PROD. INTERVAL: 700' FSL & 1980' FEL
AT TOTAL DEPTH: 700' FSL & 1980' FEL
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

- TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐

SUBSEQUENT REPORT OF:

- ☐
☐
☐
☐
☐
☐
☐
☐

(other) Set 13-3/8" surface casing

5. LEASE
NM 015072
6. IF INDIAN, ALL INDIAN OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Stoltz Federal
9. WELL NO.
2
10. FIELD OR WILDCAT NAME
Morton Wolfcamp
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 12, T-15S, R-34E
12. COUNTY OR PARISH
Lea
13. STATE
New Mexico
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
4054.6 GR.

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U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

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.)*

7/18/79 Moved in rig
7/19/79 Moving in rig-heavy rain
7/20/79 Finished rigging up
7/21/79 Spud well @ 2:30 P.M. (CST) 7/21/79. Drld. 407' in 7½ hrs. Set 13-3/8" csg. @ 407'. Cemented w/400 sks. Class "C" cmt. w/2% CaCl₂ displaced plug w/60 bbls. fresh water. Cement did not circulate. WOC 6 hrs.
7/22/79 Ran 1" tbg., found top cmt. @ 94'. Pumped 200 sks. Class "C" cmt. Circulated 10 sks. to surface. Job complete @ 9:30 A.M. 7/22/79. WOC 24 hours.

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

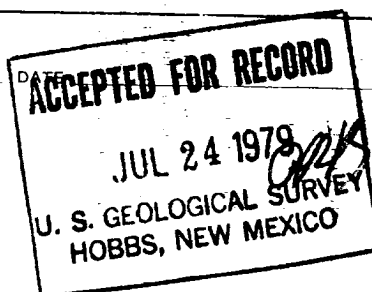
18. I hereby certify that the foregoing is true and correct

SIGNED Robert G. Setzler TITLE Dist. Prod. Mgr. DATE July 23, 1979

(This space for Federal or State office use)

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

*See Instructions on Reverse Side



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O.C.D. HOBBS, OFFICE