

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 ☐ gas ☐ other ☒ S W D

2. NAME OF OPERATOR
M & W OF LOVINGTON, INC.

3. ADDRESS OF OPERATOR

Box 922, Lovington, NM 88260

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 2310' FSL & 330' FWL

AT TOP PROD. INTERVAL:

AT TOTAL DEPTH: 4702'

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) ☐

5. LEASE
Cockburn Fed. N M 04242

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
Cockburn Fed. NM 04242

8. FARM OR LEASE NAME

9. WELL NO.

8

10. FIELD OR WILDCAT NAME

Corbin Queen

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 34, T-17S, Rg 33E, NM 1PM

12. COUNTY OR PARISH

Lea

13. STATE

New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
DF 4122'

(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.)*

1. Run 3-1/2" Swedge on 500' of drill collars for weight.
- 2., Swedge out & run to bottom set plug at bottom 15 sks. tag plug.
3. Pull up to base of salt & set plug 15 sks tag plug.
4. Pull out and set plug at surface 10 sks.
5. Clean location.
6. No other producing zones above Queens.

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

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

SIGNED John W. Wilson TITLE President DATE 6/15/88

(This space for Federal or State office use)

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

FOR RECORD ONLY