

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

Fina Oil & Chemical Company

3. ADDRESS OF OPERATOR

P. O. Box 2990 Midland, TX 79702

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

AT SURFACE: 660 FNL & 1980 FEL, Unit B
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

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 ☐

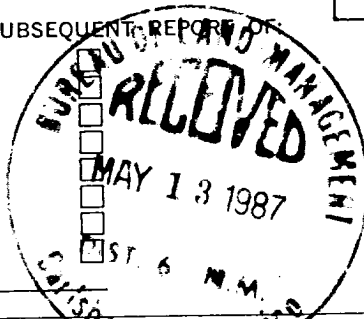
MULTIPLE COMPLETE ☐

CHANGE ZONES ☐

ABANDON* ☐

(other) ☐

SUBSEQUENT REPORT OF:



5. LEASE

Federal NM0245247

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

McElvain Federal Sec. 25

9. WELL NO.

1

10. FIELD OR WILDCAT NAME

E-K Yates Seven Rivers Queen

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

Sec. 25, T-18-S, R-33-E NMPM

12. COUNTY OR PARISH

Lea

13. STATE

NM

14. API NO.

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

DF +3904 GR +3901

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

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Fully 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.)*

Workover will entail cleaning out fill inside 5 1/2" casing from 4580' down to PBDT inside 7 7/8" hole of 4655'. The Lower Queen open-hole section will then be stimulated with 3000 gal 15% NEFE acid and diverted with rock salt.

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

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

SIGNED Charles M. Tomblin

TITLE Senior Pet. Eng.

DATE 5-4-87

(This space for Federal or State office use)

APPROVED BY Orig. Sgd. Linda S. C. Randall

CONDITIONS OF APPROVAL, IF ANY: Acting Area Manager

TITLE _____

DATE 5-27-87