

DRILL & CEMENT

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 and 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: 2310 FNL & 2290 FWL, Unit F  
AT TOP PROD. INTERVAL:  
AT TOTAL DEPTH:

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) suspend production

Request Shut in Status per Telecom w/ Charles Tomblin

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.)\*

Jan 2/11/87

This stripper well is unable to produce in paying quantities under current oil pricing and will be prematurely abandoned if not given the suspension of production.

APPROVED FOR 12 MONTH PERIOD  
ENDING 2/11/87

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 1-28-87  
Charles M. Tomblin

(This space for Federal or State office use)

APPROVED BY Dr. S. D. ... TITLE \_\_\_\_\_ DATE 2-11-87  
CONDITIONS OF APPROVAL, IF ANY:

5. LEASE  
Federal NM 245247  
6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
McElvain Federal Bty 2  
9. WELL NO.

10. FIELD OR WILDCAT NAME  
E-K Yates Seven Rivers Queen

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec. 30, T-18-S, R-34-E NMPM

12. COUNTY OR PARISH  
Lea

13. STATE  
NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)  
GR+3190

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

RECEIVED  
FEB 16 1987  
OCD  
HOBBS OFFICE