

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: 660 FNL & 1980 FWL, Unit C
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 ☐ ☐
FRACTURE TREAT ☐ ☐
SHOOT OR ACIDIZE ☐ ☐
REPAIR WELL ☐ ☐
PULL OR ALTER CASING ☐ ☐
MULTIPLE COMPLETE ☐ ☐
CHANGE ZONES ☐ ☐
ABANDON* ☐ ☐
(other) suspend production Shut in

5. LEASE

Federal NM245247

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

McElvain Federal Bty 2

9. WELL NO.

5

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 13. STATE

Lea

NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
DF+3949 GR+3942

(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.)*

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 _____ TITLE _____ DATE 2-11-87
CONDITIONS OF APPROVAL, IF ANY:

RECEIVED
FEB 16 1987
OCD
HOBBS OFFICE