

COPY TO O.C.C.

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

Form Approved.
Budget Bureau No. 42-R1424

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
Dorchester Gas Corporation

3. ADDRESS OF OPERATOR
P. O. Box 96, Hobbs, New Mexico 88240

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

AT SURFACE: 1980' FNL & 660' FWL
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:

☐
☐
☐
☐
☐
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☐
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☐

JUN 16

U.S. GEOLOGICAL SURVEY
HOBBS

5. LEASE

NM-0175774 (PC-392)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

Plains Unit Federal

8. FARM OR LEASE NAME

9. WELL NO.

2

10. FIELD OR WILDCAT NAME

Lusk Strawn

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

28-T19S-R32E

12. COUNTY OR PARISH

Lea

13. STATE

New Mexico

14. API NO.

30-025-20040

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

3581 RDB

(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.)*

Propose to pull API 76 rod string, acidize and test existing perforations, perf additional intervals from 11,421-32 and 11,474-92, acidize and test. If required propose to run artificial lift equipment.

Subsurface Safety Valve: Manu. and Type

Set @ _____ Ft.

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

SIGNED Steve Collins TITLE Dist. Engr. DATE June 15, 1981

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY: _____

TITLE _____

APPROVED

DATE

JUN 22 1981

JAMES A. GILLHAM
DISTRICT SUPERVISOR

*See Instructions on Reverse Side