

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 ☐
well 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: 660' FNL & 1980' FEL
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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☐
☐
☐
☐
☐

5. LEASE

LC-071856-B

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Greenwood PGOA

9. WELL NO.

1

10. FIELD OR WILDCAT NAME

Lusk Strawn

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

Sec. 7, T. 19 S., R. 32 E.

12. COUNTY OR PARISH

Lea

13. STATE

New Mexico

14. API NO.

30-025-21079

15. ELEVATIONS (SHOW DF, KDB, AND WD)
3655 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.)*

June 5 - 8 Pulled rods and pump, acidized w/1000 gal. 28% NEFE acid, 3 gal. HAI-50, 5 gal. 14 N, flushed w/43 BLO. Swabbed back gyp and iron sulfides. Re-acidized w/4200 gal MOD 202, 5 gal HAI-50, 15 gal 14 N, flushed w/30 BLO. Swab tested, unable to maintain fluid level sufficient to pump. Pulled tbg for use on another lease, hung off 1 jt of tbg, made up surface connection, lease is temporarily abandoned, will continue flowing gas when sales line pressure decreases. Gas purchaser currently has pipeline compressor down for maintenance and repairs.

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

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

SIGNED Steve Collins TITLE District Engineer DATE September 22, 1982

(This space for Federal or State office use)

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

ACCEPTED FOR RECORD

SEP 20 1983

*See Instructions on Reverse Side

ROSWELL NEW MEXICO

RECEIVED
SEP 21 1983
C.C.D.
HOBBS OFFICE