

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
Willaim E. Hendon, Jr.

3. ADDRESS OF OPERATOR 79701
601 N. Loraine, Ste. 111, Midland, TX

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 760' FNL & 1980' FEL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

5. LEASE NM 14000

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
New Mexico Federal "35" Fed.

9. WELL NO.
#1

10. FIELD OR WILDCAT NAME
Upper Bone Spring

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec 35, T18S, R32E

12. COUNTY OR PARISH
Lea

13. STATE
New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
3729 G.L.

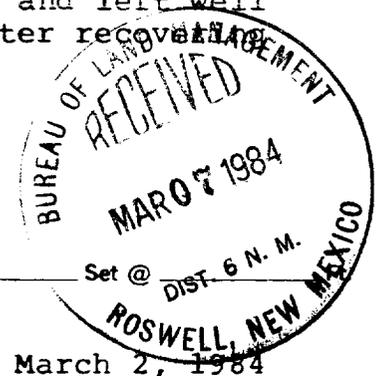
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	<input type="checkbox"/>		<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>		<input checked="" 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)	<input type="checkbox"/>		<input type="checkbox"/>

(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.)*

Fracture treated the Bone Spring 8650'-8670' w/ 17,000 gals gelled 2% KCl and 26,000# 20/40 sand. Maximum pressure 6400 psig @ 15 bpm. ISIP=1800 psig. 5 mins, 10 mins & 15 mins all @ 1750 psig. Shut in well overnight. SITP next morning= vacuum. Re-ran tubing, rods, and insert pump and left well pumping. Well tested 41 bbls oil one week after recovery load.



Subsurface Safety Valve: Manu. and Type _____

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

SIGNED: Robin O'Donnell TITLE: Production Mgr DATE: March 2, 1984

ACCEPTED FOR RECORD (This space for Federal or State office use)

APPROVED BY: GW8 TITLE: _____ DATE: _____

CONDITIONS OF APPROVAL, IF ANY:
MAY 16 1984