

N. M. OIL CONS. COMMISSION

Form Approved.
Budget Bureau No. 42-R1424

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

P. O. BOX 1980

ROSBURG NEW MEXICO 88401

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

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:

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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☐
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(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 recovering load.

Subsurface Safety Valve: Manu. and Type _____

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

SIGNED

Robert 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

Carlsbad

NEW MEXICO

*See Instructions on Reverse Side

501245E

NM 14000

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

New Mexico Federal "35"

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.

