

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  
William E. Hendon, Jr.

3. ADDRESS OF OPERATOR 601 N. Loraine,  
Suite 111, Midland, Texas 79701

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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5. LEASE NM 14000  
New Mexico Federal "35"  
6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
New Mexico Federal "35" *Lea*

9. WELL NO.

#1

10. FIELD OR WILDCAT NAME  
*Bone Spring*

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

Sect. 35, T-18-S, R-32-E

12. COUNTY OR PARISH 13. STATE  
Lea New Mexico

14. API NO.

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

(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.)\*

Our intent is to perform a fracture treatment consisting of 19,000 gallons 40# psd transporting 33,000 lbs of 20/40 sand on the Bone Spring formation at 8650'-8670'. We will recover load by swabbing until we no longer recover sand, and then return the well to production and test the oil make. Work to be performed prior to February 15, 1984.

Subsurface Safety Valve: Manu. and Type N/A Set @        Ft.

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

SIGNED Robert O'Donnell TITLE Prod. Clerk DATE January 17, 1984

APPROVED        (This space for Federal or State office use)

APPROVED BY W. W. CHESTER TITLE        DATE         
CONDITIONS OF APPROVAL