

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
C. W. Trainer
3. ADDRESS OF OPERATOR
P. O. Box 763, Hobbs, NM 88241
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 766' FSL + 731' FWL of Sec. 30.
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

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 checked="" type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	<input 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)		

5. LEASE
NM-0245247
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
McElvain
9. WELL NO.
3
10. FIELD OR WILDCAT NAME
EK Bone Springs
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 30, T18S R34E
12. COUNTY OR PARISH
Lea
13. STATE
NM
14. API NO.
30-025-28557
15. ELEVATIONS (SHOW DF, KDB, AND WD)
3865.6 GR

(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.)*

Spud 12:30 AM 7/18/84. Cemented 13 3/8" 54.5# J-55 casing at 352' with 370 sacks. Circulated 80 sacks. Plug down 6:00 AM 7/19/84. WOC 18 hours. Tested casing with 500# for 30 minutes, test O. K.

Cemented 8 5/8" 24# & 32# J-55 casing at 3710 with 750 sacks B-J diamix F & 250 sacks lite cement 2% calcium chloride. Cement did not circulate. Plug down 12:00 noon 7/25/84. Found top cement behind pipe at 180'. Cemented to surface thru 1" with 100 sacks lite cement. WOC 13 1/4 hours. Pressure tested casing with 1000# for 30 minutes, test O. K.

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

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

SIGNED [Signature] TITLE Agent DATE 8/6/84

ACCEPTED FOR RECORD (Space for Federal or State office use)

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

AUG 10 1984

*See Instructions on Reverse Side

NEW MEXICO