

UNITED STATES OF NEW MEXICO 88240
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

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: 660' FSL & 1980' FEL of Sec. 25

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 ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

CHANGE ZONES ☐

ABANDON* ☐

(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.

4

10. FIELD OR WILDCAT NAME

EK Bone Springs

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

Sec. 25, T18S, R33E

12. COUNTY OR PARISH 13. STATE

Lea

NM

14. API NO.

30-025-28997

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

3883 KB

(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 4:30 PM 10/31/84. Cemented 13 3/8" 54.5# J-55 casing at 350' with 350 sacks class "C" 2% calcium chloride. Plug down 2:30 AM 11/1/84. Cement circulated to surface. WOC 18 hours, test casing with 1000# for 30 minutes, test O. K.

Cemented 8 5/8" 24# & 32# J-55 casing at 3700 with 800 sacks lite "C" with 1/4# flocele & 15# salt per sack, followed by 150 sacks class "C", 2% calcium chloride. Plug down 11/4/84. Cement did not circulate. Cemented thru 1" with 400 sacks class "C" cement. Job complete 11:15 AM 11/5/84. WOC 18 hours, test casing with 1500# 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 Donna Hales TITLE Agent DATE 12/11/84

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

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

DEC 14 1984

Carlslad

NEW MEXICO

*See Instructions on Reverse Side