

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

H. M. [unclear]
P. O. BOX 940
HOBBS, NEW MEXICO 88240

m Approved.
Bget Bureau No. 42-R1424

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

J.M. Huber Corporation

3. ADDRESS OF OPERATOR

1900 Wilco Bldg., Midland, TX 79701

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 660' FSL & 1930' FEL, Sec. 27

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) Run & cmt Inter. csg

x

(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.)*

6/15/85 Ran and set 8-5/8" csg in 11" hole at 3700' as follows: 1735' of 8-5/8", 28#, S-80, STC; 1922' of 8-5/8", 24#, J-55, STC; 43' of 8-5/8" 28# S-80, STC. Placed one centralizer in middle of shoe jt. and one centralizer across each of the next four collars up. Cemented w/1775 sx Halliburton Light w/15# salt & 1/4# flocele per sk, followed by 300 sx Cl. "C" w/3# salt/sk. Plug down @ 10:00 PM 6/15/85. Circ. 400 sx cmt to pits.

6/16/85 WOC 18 hrs. Tested csg & BOP to 1500 psi for 30 min, held OK.

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

18. I hereby certify that the foregoing is true and correct (915) 682-3794

SIGNED Robert R. Glenn TITLE Dist. Prod. Mgr. DATE 6/17/85

(This space for Federal or State office use)

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

JUL 1 1985

*See Instructions on Reverse Side

CARLSBAD, NEW MEXICO

RECEIVED

JUL - 8 1985

NOVA ~~1985~~