

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 ☒ gas ☐ other ☐
2. NAME OF OPERATOR
TXO Production Corp.
3. ADDRESS OF OPERATOR
900 Wilco Bldg. Midland, Texas 79701
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: *660FNL & 2310 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:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) ☐

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5. LEASE
NM-14000
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Burleson Federal
9. WELL NO.
1
10. FIELD OR WILDCAT NAME
Querechos Plains (Upper Bone Springs)
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 26, T-18-S, R-42-E
12. COUNTY OR PARISH *Lea* 13. STATE *New Mexico*
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
3762 GL & 3777 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.)*

12-03-85 Perf 8542-72 w/3 1/8" gun, 8 holes, Spt w/250 gal 7 1/2% NEFE
12-04-85 Acdz w/2500 gal. mini-max & 50,000# 20/40 sand.
12-06-85 thru Flowing well
12-11-85 thru Bldg battery
12-12-85 thru
12-18-85
12-19-85 Testing well

Subsurface Safety Valve: Manu. and Type

Set @ *12/20/85* Ft.

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

SIGNED *Elia Henderson* TITLE *Engineering Asst* DATE *12/20/85*

(This space for Federal or State office use)

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