

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
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: 660 FNL & 660 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* ☐

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(other) Drilling Operations

5. LEASE <u>NM 14000</u>	
6. IF INDIAN, ALLOTTEE OR TRIBE NAME.	
7. UNIT AGREEMENT NAME	
8. FARM OR LEASE NAME <u>Burleson Federal</u>	
9. WELL NO. <u>2</u>	
10. FIELD OR WILDCAT NAME <u>Querecho Plains (Upper Bone Springs)</u>	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Sec. 26, T-18-S, R-32 E</u>	
12. COUNTY OR PARISH <u>Lea</u>	13. STATE <u>New Mexico</u>
14. API NO. <u>30-025-29557</u>	
15. ELEVATIONS (SHOW DF, KDB, AND WD) <u>3767 GL & 3779 KB</u>	

(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.)*

1-22-86 Running 4-1/2" casing. Set @ 8700'. DV tool set @ 5376'. Cement with 1100 sack of lite "H" & 100 sacks 50/50 poz.

1-24-86 WOCU
thru

1-27-86

1-29-86 Perf Bone Springs 8515-8584', with 3-1/8" gun, 10 holes.

1-30-86 Spot with 250 gallons 7-1/2% NEFE.

1-31-86 Acidize with 1500 gallons 15% NEFE.

2-01-86 Frac with 40,000 gal gel and 60,000# 20/40 sand.

2-02-86 Testing well

thru

2-15-86

ACCEPTED FOR RECORD

Guo
FEB 27 1986

CARLSBAD, NEW MEXICO

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

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

SIGNED Alicia Henderson TITLE Engineering Ass't DATE 2-18-86

(This space for Federal or State office use)

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