

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  
*William A. Beach Engineering*  
3. ADDRESS OF OPERATOR  
*P.O. Box 3669, Midland, Tex. 79702*  
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: *660' FNL & 2030' 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 <input type="checkbox"/>	<input 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) <input type="checkbox"/>	<input type="checkbox"/>

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.)\*

\*\*Notify well has been turned back on. Gas contract had expired and had to be re-negotiated.....

5. LEASE *nm - 0141013*  
PENZOIL-FEDERAL  
6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
7. UNIT AGREEMENT NAME  
PENZOIL-FEDERAL  
8. FARM OR LEASE NAME  
*Pennzoil Fed. Com.*  
9. WELL NO.  
*#1*  
10. FIELD OR WILDCAT NAME  
QUAIL RIDGE (MORROW)  
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
*Sec. 19, T-19-S, R34E*  
12. COUNTY OR PARISH *Lea* 13. STATE *NM*  
14. API NO.  
*3002527070*  
15. ELEVATIONS (SHOW DF, KDB, AND WD)  
*3705.3*

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

RECEIVED

MAR 29 1983

OIL & GAS  
MINERALS MANAGEMENT SERVICE  
ROSWELL, NEW MEXICO

Subsurface Safety Valve: Manu. and Type

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

SIGNED *Linda Norton* TITLE *Engr. Asst* DATE *3-28-83*

APPROVED BY *PETER W. CHESTER* (This space for Federal or State office use)  
DATE *MAR 30 1983*

CONDITIONS OF APPROVAL

MINERALS MANAGEMENT SERVICE  
ROSWELL, NEW MEXICO

\*See Instructions on Reverse Side

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MAR 31 1983

O.C.D.  
HOBBS OFFICE