

UNITED STATES GEOLOGICAL SURVEY
DEPARTMENT OF THE INTERIOR
HOBBBS, NEW MEXICO

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
Aminoil USA, Inc.
-
3. ADDRESS OF OPERATOR
P. O. Box 10525, Midland, Texas 79701
-
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1980' FWL and 2310' FSL of Sec
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"/> |
| FRACTURE TREAT | <input type="checkbox"/> |
| SHOOT OR ACIDIZE | <input type="checkbox"/> |
| REPAIR WELL | <input type="checkbox"/> |
| PULL OR ALTER CASING | <input type="checkbox"/> |
| MULTIPLE COMPLETE | <input type="checkbox"/> |
| CHANGE ZONES | <input type="checkbox"/> |
| ABANDON* | <input type="checkbox"/> |

(other) Activity for 12/19/81 to 12/25/81

RECEIVED
(NOTE: Report change)
DEC 31 1981

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

OIL & GAS
U.S. GEOLOGICAL SURVEY
ROSWELL, NEW MEXICO

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.)*

12/19/81 Drlg @ 860'; wt. 9.4
12/20/81 Drlg @ 1150'; wt. 9.9
12/21/81 TD 1315'; Rng 13 3/8" csg. ; wt. 10.0
12/22/81 TD 1315'; WOC; Ran 29 jts 13 3/8", 48#, H-40 csg, set @ 1315', cmt w/1050sx,
circ
12/23/81 Drlg @ 1338', NU BOPs, tstd blind rams to 1000 psi--OK, tstd pipe rams to
1000 psi--OK
12/24/81 Drlg @ 2162'; wt. 9.8
12/25/81 Drlg @ 2488'; wt. 9.8, SD for Christmas

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

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

SIGNED [Signature] TITLE Dist. Operations DATE December 28, 1981
CHAPMAN Manager

~~ROGER A. CHAPMAN~~

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL IF ANY: _____

TITLE _____ DATE _____

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*See Instructions on Reverse Side