

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

P. O. BOX 1980

5. LEASE  
88240  
NM 077004

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
Federal "19"

9. WELL NO.  
1

10. FIELD OR WILDCAT NAME  
Wildcat

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 19, T-19-S, R-33-E

12. COUNTY OR PARISH  
Lea

13. STATE  
New Mexico

14. API NO.  
30-025-27730

15. ELEVATIONS (SHOW DF, KDB, AND WD)  
3602.1 GR

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 79702

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 660' FSL & 1980' FWL of Section 19  
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 checked="" type="checkbox"/>
ABANDON*	<input type="checkbox"/>	<input type="checkbox"/>

(other) Activity for 6/2/83 to 6/3/83

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

JUN 6 1983

OTL & GTS

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all 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.)\*

6/2/83 MI & RU Pulling Unit, installed BOP; killed well w/2% KCL wtr. & SION.

6/3/83 Bled well down, spotted 80 bbls. 2% KCL w/2 drums cortron for pkr. fluid. Unseated pkr. & POOH w/2-7/8" tbg. & pkr. SION.

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED *D. Alan Leitch* TITLE Safety/Reg. Comp. Rep. DATE June 3, 1983

ACCEPTED FOR RECORD

(ORIG. SGD.) DAVID R. GLASS

APPROVED BY

CONDITIONS OF APPROVAL IF ANY

AUG 23 1983

DATE

ROSWELL, NEW MEXICO

\*See Instructions on Reverse Side

RECEIVED

AUG 24 1983

O.C.D.  
HOBBS OFFICE