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.)

Form Approved.
Budget Bureau No. 42–R1424

FEB 22 1985

5. LEASE
LC 068037

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
MESCALERO "29" 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. 29, T19S, R34E

12. COUNTY OR PARISH
LEA

13. STATE
NEW MEXICO

14. API NO.
30-025-28283

15. ELEVATIONS (SHOW DF, KDB, AND WD)
3668.7 GR

1. oil well ☐   gas well ☒   other

2. NAME OF OPERATOR
PENNZOIL COMPANY

3. ADDRESS OF OPERATOR
P.O. DRAWER 1828, MIDLAND, TX 79702

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1980' FSL & 1650' FWL, SEC. 29,
AT TOP PROD. INTERVAL: T19S, R34E
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)		

(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.)*

PROPOSED OPERATIONS:

ADD ADDITIONAL MORROW PERFS AS FOLLOWS:

13073-82'
13210-17'
13267-70'
13276-82'
13332-42'

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

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

SIGNED _____   TITLE Pet. Engr.   DATE 2-19-85

(This space for Federal or State office use)

APPROVED BY _____   TITLE _____   DATE 2-27-85

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side