

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 ☐
well well

2. NAME OF OPERATOR

C. E. LaRue and B. N. Muncy, Jr.

3. ADDRESS OF OPERATOR

P. O. Box 470, Artesia, New Mexico 88210

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17

below.) 660' FNL & 660' FWL Section 5, T18S,
AT SURFACE: R32E

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* ☐(other) ☐

5. LEASE

LC-061154

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

BASSETT BIRNEY

9. WELL NO.

10. FIELD OR WILDCAT NAME

Pearsall - San Andres

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

Section 5, T-18-S, R-32-E

12. COUNTY OR PARISH 13. STATE

Lea

New Mexico

14. API NO.

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

3858.3' GL

(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.)*

Perforated one shot per foot from 4318' - 4325' and 4439' - 4445'. Treated with 2500 gallons 20% acid, 40,000 gallons gelled water, 60,000# 10-20 sand on 5/22/84. Placed on pump with insufficient oil for commercial production. Will place bridge plug at 3770' and treat the zone from 3630' - 3664'. Bridge plug set so that future attempts at production from below 3770' can be attempted.

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

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

SIGNED _____ TITLE Operator DATE July 1, 1984

ACCEPTED FOR RECORD

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL JUL 18 1984

Carlsbad

NEW MEXICO

*See Instructions on Reverse Side