Form 9-331 Dec. 1973

UNITED STATES DEPARTMENT OF THE INTERIOR CEOLOGICAL SURVEY

	N. M. CONS. COMMISSION
	P. O. BOX 1980 Form Approved HOBBS NEW MT Budget Byrga No. 42-R1424
	5. LEASE +1-03/622(b) NM-115/
	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
nt	7. UNIT AGREEMENT NAME NHFU
	8. FARM OR LEASE NAME Sanderson B-1
	9. WELL NO. 3

GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME		
SUNDRY NOTICES AND REPORTS ON WELLS (Do not use this form for proposals to drill or to deepen or plug back to a different	7. UNIT AGREEMENT NAME NYFY		
reservoir. Use Form 9–331–C for such proposals.)	8. FARM OR LEASE NAME Sanderson B-1		
1. oil gas other	9. WELL NO.		
2. NAME OF OPERATOR	10. FIELD OR WILDCAT NAME		
3. ADDRESS OF OPERATOR P. O. Box 460, Hobbs, N.M. 88240	Eunice Monument (G/SA) 11. SEC., T., R., M., OR BLK. AND SURVEY OR		
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	Sec, 10. T-205 R-36E		
below.) AT SURFACE: 2310'FSL 9-330'FEL	12. COUNTY OR PARISH 13. STATE		
AT TOP PROD. INTERVAL:	Lea NM.		
AT TOTAL DEPTH:	14. API NO.		
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)		
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:			
FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL	(NOTE: Report as its of multiple completion or zone change of Form 9–330.)		
PULL OR ALTER CASING LI LI CASING LI CASING LI LI CASING LI LI CASING LI	1 1 1983		
CHANGE ZONES	11,500		
(ather)	L & GAS		
MANERALS MUMIT, CERVICE			
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (CI ROSWELLE NEW AMERICO 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.)*			
MIRU 1-27-83, Co from 3846'-3856! Perf W2JSPF at			
3837'-47,'3815'-24,'3787-97,'93775'-80! Setpkr@			
3687. Acidize OH W 80bb/s 152 HCL-NE-FE In 2 equal			
stages. Divert between stages w/126# rocksult in 366/s			
gelled brine. Pmpd 2 drums chemical mixed W20bbis			
TFW. Displace chanical MITZBbls TFW. Relpkr. Ran			
production equipment. Tested 2-8-83	1, 280,38W4 3811-		
Subsurface Safety Valve: Manu. and Type	Set @ Ft.		
18. I hereby certify that the foregoing is true and correct	2 10 12		
SIGNED WM Q. Tuttufersh TITLE Administrative Sup	ervisor DATE 2-10-0		
(This space for Federal or State office use)			
APPROVED BY TITLE	DATACCEPTED FOR RECORD		
CONDITIONS OF APPROVAL IF ANY:	9200		

*See Instructions on Reverse Side

JUL 51983