N. M. F. COMMISSION P. O. B. 1980 HOBBS, NEW MEXICO 88240

Form 9-331 Form Approved. Dec. 1973 Budget Bureau No. 42-R1424 UNITED STATES 5. LEASE DEPARTMENT OF THE INTERIOR LC-031622(a 6. IF INDIAN, ALLOTTEE OR TRIBE NAME GEOLOGICAL STURVEY 7. UNIT AGREEMENT NAME SUNDRY NOTICES AND (Do not use this form for proposals to drill or reservoir. Use Form 9-331-C for such proposals.) 8. FARM OR LEASE NAME Sanderson well other 9. WELL NO. DIL & GAS MINERALS MOMT. SERVICE 10. FIELD OR WILDCAT NAME ROSWELL NEW MEXICO Eunice Monument G/SA 3. APPRESSON 450, ERATORS, N.M. 88240 11. SEC., T., R., M., OR BLK. AND SURVEY OR 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 Sec. 11 T-205, R-36E AT SURFACE: 23/0'FSL & 1980'FEL 12. COUNTY OR PARISH 13. STATE AT TOP PROD. INTERVAL: 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: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (NOTE: Report results of multiple completion or zone PULL OR ALTER CASING change on Form 9-330.) MULTIPLE COMPLETE CHANGE ZONES **ABANDON*** (other) 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.)* Set pkr@3600! Acidize perfs 3797 to 3898 MIOSSIS ISB HOLMETE acid, Flush of 5661s treated brine. Swab, GIH MER-N-CCL PFC, log from PBTD (3800') to 3600'. Perf W/2 JSPF the following intervals: 3786'-90' 3776'-82', 3764'-68', 3750'-55', 3740'-42' + 3730'-34. Acidize perts 3730'- 3797' W/546615 1590 HCL-NE-FE, Flush to pkind 19661s treated brine, Swab. Chemically inhibit 3730'-3848' M2 druns TH-814 mixed M20LASTFIV. Overflush of 28666 TFIV. Run production equipment, Test. Subsurface Safety Valve: Manu. and Type 18. I hereby certify that the foregoing is true and correct TITLE Administrative Supervisor 12-10-82 DATE __ APPROVED (This space for Federal or State office use) APPROVED BY PEd.) PETER W. CHESTER CONDITIONS OF APPROVAL, IF ANY: DEC 1 4 1982

*See Instructions on Reverse Side

JAMES A. GILLHAM

DISTRICT SUPERVISOR

DEC 1 6 1982

HOBES OFFICE

Barriel L. C.