

N. M. OIL CONS. COMMISSION

Form Approved.
Budget Bureau No. 42-R1424

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

P. O. BOX 1980
HOBBS, NEW MEXICO 88240

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.)

NOV 8 1982

1. oil ☒ well gas ☐ well other ☐ **OIL & GAS**
2. NAME OF OPERATOR
Warrior, Inc. **MINERALS MGMT. SERVICE
ROSWELL, NEW MEXICO**
3. ADDRESS OF OPERATOR
% P. O. Box 5315, Hobbs, New Mexico 88241
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 660' FNL, 660' FWL
AT TOP PROD. INTERVAL: Same as above
AT TOTAL DEPTH: Same as above
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 checked="" 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 type="checkbox"/> |
| ABANDON* | <input type="checkbox"/> | | <input type="checkbox"/> |
| (other) | | | |

5. LEASE
NM 18264
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Federal D a/c A
9. WELL NO.
4
10. FIELD OR WILDCAT NAME
Eumont Yates 7 Rivers Queen
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 26, T20S, R36E
12. COUNTY OR PARISH
Lea
13. STATE
NM
14. API NO.
30-025-04348
15. ELEVATIONS (SHOW DF, KDB, AND WD)
3585' DF

(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.)*

5-14-82 RU pulling unit. Pulled rods, pump and tubing.
Ran packer. Acidized perfs. 3893' - 3947' with
1200 gallons 15% acid in two equal stages. Returned
well to production.

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

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

SIGNED Yohan H. Merchant TITLE Consult. Engr. DATE 11/5/82

APPROVED BY _____ (space for Federal or State office use)
(ORIG. SGD.) DAVID R. GLASS
CONDITIONS OF APPROVAL, IF ANY: _____ DATE _____

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U.S. GEOLOGICAL SURVEY
ROSWELL, NEW MEXICO *See Instructions on Reverse Side