

Form 9-331
Dec. 1973Form Approved.
Budget Bureau No. 42-R1424UNITED 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 ☒ well gas ☐ well other ☐
2. NAME OF OPERATOR
Warrior, Inc.
3. ADDRESS OF OPERATOR 21515 Hawthorne Blvd.
Suite 625, Torrance, CA 90503
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) 661'FWL & 1983'FSL of Section
AT SURFACE:
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	<input type="checkbox"/>	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	<input 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) add perfs and stimulate	<input type="checkbox"/>	<input type="checkbox"/>

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.)*

5/27-30/84

Set CIBP in 7" casing @ 3702'

Set 2 sx cement on top of CIBP

Perforated 3680 to 3700' with 1 hole/ft (21 holes)

With packer set @ 3610', acidized with 3000 gals 15%

Prac'd with 25,000 gals 25# Purgel system plus 17,000#-20/40 & 30,000#-10/20 sand. Total load 830 bbls.

Pulled packer; ran 2-7/8" production tubing to 3700'

Ran pump and rods; On pump. Testing

5. LEASE LC-063116	
6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
7. UNIT AGREEMENT NAME	
8. FARM OR LEASE NAME Seale Federal	
9. WELL NO. #1	
10. FIELD OR WILDCAT NAME Eumont (Y-7R-Q)	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 34-T20S-R36E	
12. COUNTY OR PARISH Lea	13. STATE New Mexico
14. API NO. 30-025-04394	
15. ELEVATIONS (SHOW DF, KDB, AND WD) 3587 D.F.	

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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

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

SIGNED E. T. Casler, Jr. TITLE Vice President DATE 7-13-84

ACCEPTED FOR RECORD (Space for Federal or State office use)

APPROVED BY AWQ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

JUL 18 1984

Carlsbad,

NEW MEXICO

*See Instructions on Reverse Side

RECEIVED

JUL 20 1984

OFFICE
HOBBS OFFICE