

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 ☐ well ☐ gas ☒ well ☐ other ☐
2. NAME OF OPERATOR
Warrior, Inc.
3. ADDRESS OF OPERATOR
P. O. Box 17479, Fort Worth, Tx 76102
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1983 FSL & 1983 FWL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH: Unit "K", Lot-11

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 checked="" 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)	<input type="checkbox"/>		<input type="checkbox"/>

5. LEASE
LCO 63116
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Seale Federal
9. WELL NO.
2
10. FIELD OR WILDCAT NAME
Eumont Gas
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
S34, T-20S, R-36E
12. COUNTY OR PARISH
Lea
13. STATE
New Mexico
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
3586 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.)*

1. Selectively perforated 3660-63, 3375-77, 3388-90, 3447-49, 3454-56, 3458-62, 3495-97, 3609-14, 3620-23, 3660-80, 3690-99, 3708, 3746-53.
2. Spotted 2000 gallon 15% NE PAD; fracture treated with 40,000 gallons KCL 40000# 10/20 sand flushed W/2000 slick KCL.
3. Hung on pump and tested
4. No surface disturbance occurred.

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

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

SIGNED Steve Miller TITLE Petroleum Eng. DATE 4-15-80

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

ACCEPTED FOR RECORD

Kel
APR 25 1980

U.S. GEOLOGICAL SURVEY
ROSWell, NEW MEXICO