

**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 ☒ gas ☐
well well other

2. NAME OF OPERATOR
MORANCO

3. ADDRESS OF OPERATOR
Box 1860, Hobbs, NM 88240

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: Unit E, 1980' FNL & 560' FWL
AT TOP PROD. INTERVAL: Blinebry 5634-5772'
AT TOTAL DEPTH: TD 6549' (Drinkard)

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) Commingle ☐

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MAY 2 1979

U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

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

5. LEASE
LC-067908

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
E. M. Elliott

9. WELL NO.
1

10. FIELD OR WILDCAT NAME
Blinebry

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 35, T-21-S, R-37-E

12. COUNTY OR PARISH
Lea

13. STATE
NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
KDB 3378'

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.)*

4-5-79: Acidized Blinebry & Drinkard perfs. Pulled tubing & Brown 2" X 7" BP-4 packer. Ran hydrostatic sand pump to clean sand off top of Baker Model "D" packer. Ran production tube on end of sand bailer to push Model "B" plug out of packer. Ran tubing & set @ 5595'.
4-13-79: Nippled up well.
4-17-79: Set American 114 pumping unit on well. Shut down waiting on electricity.
4-26-79: Hooked electricity up. Started pumping well.

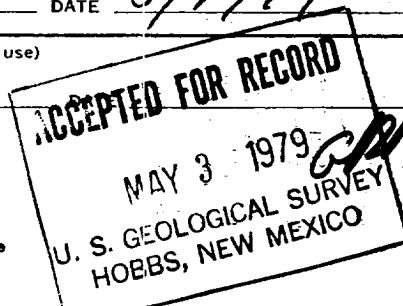
Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED Joe T. Jonica TITLE Agent DATE 5/1/79

(This space for Federal or State office use)

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



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MAY - 8 1979
OIL CONSERVATION COMM.
HOUSTON, TX

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OIL CONSERVATION COMM.
HOUSTON, TX