

M. OIL CONS. COMMISSION
P. O. BOX 1930
HOBBS, NEW MEXICO 88240

Form 9-331
Dec. 1973

Form Approved.
Budget Bureau No. 42-R1424

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 ☒ **Plugged & Abandoned Well**

2. NAME OF OPERATOR
Zia Energy, Inc.

3. ADDRESS OF OPERATOR
P.O. Box 2219, Hobbs, NM 88240

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE:
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH: **1980' FNL & 660' FWL**

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

5. LEASE
LC-030132 (b)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Closson

9. WELL NO.
6

10. FIELD OR WILDCAT NAME
Jalmat

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
20-T22S-R36E

12. COUNTY OR PARISH
Lea

13. STATE
N. M.

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
3578' GR

(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.)*

SEE ATTACHED SHEET



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

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

SIGNED *M. J. Nelson* TITLE Engineer DATE 3/28/84

APPROVED BY Orig. Sgd. Linda S. C. Rundell (This space for Federal or State office use)
Acting Area Manager TITLE _____ DATE 7-28-87
CONDITIONS OF APPROVAL, IF ANY: