TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE

PULL OR ALTER CASING MULTIPLE COMPLETE CHANGE ZONES

REPAIR WELL

Form 9–331	Budget Bureau No. 42-R1424
UNITED STATES DEPARTMENT OF STATEOINTERIOR GEOLOGICAL SURVEY	5. LEASE NM-0557686 6. IF INDIAN, ALLOTTEE OR TRIBE NAME
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.)	7. UNIT AGREEMENT NAME NMFU 8. FARM OR LEASE NAME
1. oil gas well other	SEMU Skaggs
2. NAME OF OPERATION CO INC.	10. FIELD OR WILDCAT NAME
3. ADDRESS OF PPERABOR 460, Hobbs, N.M. 88240	Weir Blinebry Mon. Tubb 11. SEC., T., R., M., OR BLK. AND SURVEY OR
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) AT SURFACE: 330' FNL & UIO' FEL AT TOP PROD. INTERVAL:	AREA Sec 22 - 205 - 37E 12. COUNTY OR PARISH 13. STATE Lea NM
AT TOTAL DEPTH: 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA	14. API NO. 30-025-20654 15. ELEVATIONS (SHOW DF, KDB, AND WD)
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	

ABANDON* 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.)* MIRU. Set RBP@6550' & pkr@6306'. Acidize 6477'-6517' w/16 bbis. 15% HCL-NE-FE. Flush w/ 42 bols. 22 KCL. Perf. Upper Tubb @ 6300, 25, 32, 46, 59, 64, 69, 73, 83, 91, 99', 6403', 11', 18', 25', 31', 36', 41', 47' \$ 6454'. Set pkr @ 6145'. Broke down perts w/42 bbs. 15% HCL-NE-FE & 43 bbls. 2% KCL fush. Acid frac Upper Tubb perfs 6300-6454 W/158 bids. 15% HCL-NE-FE. Reset RBP@ 5850' & pkr @ 5515'. Acidize Blinebry per & 5691'-5766 W/18 bids. 15% HCL-NE-FE. Flush W/39 bids. 2% KCL. Chemically inhibit Blineby perfs. Flush w/105 bbls. TFW. Reset RBP@ 6550 & pkr@ 5850'. Chemically inhibit Tubb perts. Flush W/200 bids TFW. Rel pkr & RBP. Run prod. equipmt. Pmpd. 22 Bg, 13 BW, 9 372 MCF on 11/25/84. Set @ Subsurface Safety Valve: Manu. and Type _

> 18. I hereby certify that the foregoing is true and correct (This space for Federal or State office use)

TOTAL OF SOM BECOME TITLE APPROVED BY CONDITIONS OF APPROVAL, IF

DATE

See Instructions on Reverse Side



(NOTE: Report results of multiple completion or zone

change on Form 9-330.)