

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

Minerals, Inc.

3. ADDRESS OF OPERATOR

P.O. Box 1320 - Hobbs, New Mexico 88240

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 1650' FNL & 1650' FWL

AT TOP PROD. INTERVAL:

AT TOTAL DEPTH:

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

REQUEST FOR APPROVAL TO:

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

SUBSEQUENT REPORT OF:

☐
☐
☐
☐
☐
☐
☐
☐
☐

5. LEASE

NM-033312

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Government 'A'

9. WELL NO.

1

10. FIELD OR WILDCAT NAME

Grama Ridge Morrow

11. SEC., T., R., M. OR BLK. AND SURVEY OR AREA

Sec. 10, T22S, R34E, N.M.P.M.

12. COUNTY OR PARISH 13. STATE

Lea N.M.

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
3583DF, 3585KB

(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.)*

Propose to break down Morrow 'X' perf 12694-714' w/5000 gals NEFE double inhibited HCL Acid. Swab well in & evaluate.

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

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

SIGNED

Maer

TITLE

Vice President

DATE

2-3-86

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

2-6-86

CONDITIONS OF APPROVAL, IF ANY:

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FEB - 7 1986
C.C.D.
HOBBS OFFICE

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
Minerals, Inc.
3. ADDRESS OF OPERATOR
P.O. Box 1320 - Hobbs, New Mexico 88240
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1650' FNL & 1650' FWL
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) Cmt sqz X (Attempt to sqz off wtr channel)

5. LEASE
NM-033312
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Government 'A'
9. WELL NO.
1
10. FIELD OR WILDCAT NAME
Grama Ridge Morrow
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 10, T22S, R34E, N.M.P.M.
12. COUNTY OR PARISH
Lea
13. STATE
NM
14. API NO.
3583 DF, 3585 KB
15. ELEVATIONS (SHOW DF, KDB, AND WD)

(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.)*

Set Baker Model 'S' CIBP @ 12,670' above Morrow 'X' perf 12,694-714'. Perf 5" liner 12,590-600' w/1 JSPF. Set retainer @ 12,500' + & cmt sqz perf w/100 sx Class 'H' cmt neat. Drlg out retainer, cmt & tst. Drlg out CIBP, cmt & tst. Reperf Morrow 'X' zone 12,694-714' w/2 JSPF. Evaluate.

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

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

SIGNED CM Mac TITLE Vice President DATE 8/29/85

(This space for Federal or State office use)

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

SEP 3 1985

*See Instructions on Reverse Side

CARLSBAD, NEW MEXICO

RECEIVED
SEP - 9 1985
O.C.D.
HOBBS OFFICE

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

88245

LEASE
NM-033312

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Government "A"

9. WELL NO.
1

10. FIELD OR WILDCAT NAME
Grama Ridge Morrow

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 10, T22S, R34E, N.M.P.M.

12. COUNTY OR PARISH
Lea

13. STATE
NM

14. API NO.
3583 DF, 3585 KB

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

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
Minerals, Inc.

3. ADDRESS OF OPERATOR
P. O. Box 1320 - Hobbs, New Mexico 88241

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1650' FNL & 1650' FWL
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) Change Well Name	

(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.)*

Effective 6-28-85 the Grama Ridge Unit #5 Well name has been changed back the Government "A" #1 with new ownership by Minerals, Inc.

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

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

SIGNED M. A. [Signature] TITLE Vice President DATE July 11, 1985

(This space for Federal or State office use)

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

JUL 12 1985

*See Instructions on Reverse Side

CAPISBAD, NEW MEXICO

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JUL 16 1985

100-100000