

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
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: **330' FNL & 2310' 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
LC-030132 (b)
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Cities Federal
9. WELL NO.
3
10. FIELD OR WILDCAT NAME
S. Eunice SR - Queen
11. SEC., T., R., M. OR BLK. AND SURVEY OR AREA
20-22S-36E
12. COUNTY OR PARISH
Lea 13. STATE
NM
14. API NO.
30-025-26088
15. ELEVATIONS (SHOW DE KDB AND WD)
3565GR-3576 KDB

(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. Rig up pulling unit. Pulled tubing and rods.
2. Perforated 3628' - 3748' with 21 holes. Broke down perfs. with 4000 gallons of acid. Fracture treated using 40,000 gals. 2% KCL plus 40,000 CO₂ with 146,000# Sand.
3. Returned well to production.
4. Pump tested for 60 days - 100% water.

Subsurface Safety Valve: Manu. and Type _____

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

SIGNED M. J. Nelson TITLE Engineer DATE 9/2/86

(This space for Federal or State office use)

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

ACCEPTED FOR RECORD

*See Instructions on Reverse Side

SEP 04 1986

CARLSBAD, NEW MEXICO