Form 9-331 Dec. 1973

R. M. Commission P. O. DOX 1000 HOBBS, NEW MEXICO 88240

Form Approved.

UNITED STATES

DEPARTMENT OF THE INTERIOR **GEOLOGICAL SURVEY**

HAUTED STATES	Deuger Dureau Not 42-M1424
UNITED STATES	5. LEASE
DEPARTMENT OF THE INTERIOR	LC-030132(b)
GEOLOGICAL SURVEY	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.)	ု နိုင္ငံ မွာလိုက္
	7. UNIT AGREEMENT NAME
	8. FARM OR LEASE NAME
1. oil gas other	Cities Federal 25
wen other	9. WELL NO.
2. NAME OF OPERATOR	<u> 3 </u>
Zia Energy, Inc.	10. FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR	S. Eunice SR - Queen
P.O. Box 2219, Hobbs, NM 88240	11. SEC., T., R., M., OR BLK. AND SURVEY OR
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	AREA
below.)	20-22S-36E
AT SURFACE: 330' FNL, 2310' FWL	12. COUNTY OR PARISH 13. STATE
AT TOP PROD. INTERVAL:	Lea NM
AT TOTAL DEPTH:	14. API NO.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	30-025-26088
REPORT, OR OTHER DATA	
	15. ELEVATIONS (SHOW DF, KDB, AND WD)
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	3575.6 DE 3576.6 KDB
TEST WATER SHUT-OFF 🔲 📋	3565.6 GL
FRACTURE TREAT	
SHOOT OR ACIDIZE	
REPAIR WELL	(NOTE: Report results of multiple completion or zone
PULL OR ALTER CASING	change on Form 9-330.)
MULTIPLE COMPLETE	· · · · · · · · · · · · · · · · · · ·
ABANDON*	선생 것 의 휴대성장 사용
(other)	
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state including estimated date of starting any proposed work. If well is directly and true vertical deaths for all proposed work.	all pertinent details, and give pertinent dates, rectionally drilled, give subsurface locations and

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state including estimated date of starting any proposed work. If well is di measured and true vertical depths for all markers and zones pertinent to this work.)*

Zia Energy, Inc. proposes to perform the following work beginning

1.Add perforations from 3630' to 3743'

2. Breakdown perforations with 4000 gals 15% NEFE Acid.

3. Test well to determine if further stimulation is required.

4. Fracture treat if necessary.

5. Place well back on production.

Subsurface Safety Valve: Manu. and Type		Set @Ft.
18. I hereby certify that the foregoing is true and correct SIGNED	DATE	4/1/86
Origi Sgd. Charles 3, 1 , 3)	7 6 7 6 5
APPROVED BY TITLE TITLE	DATE .	4.5.9