DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

NM 473

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

P. O. HOBBS, NEW MEXICO 88240

2. NAME OF OPERATOR
Laguna Petroleum Corporation

3. ADDRESS OF OPERATOR
P.O. Drawer 2758 Midland, Texas 79702

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 660' FNL & 990' FWL, D, &, 21S, 38E
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

6. INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Federal 7

9. WELL NO.
1

10. FIELD OR WILDCAT NAME
Wantz (ABO Drinkard)

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
7-21S-38E

12. COUNTY OR PARISH
Lea

13. STATE
New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
3534.8 GR

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

REQUEST FOR APPROVAL TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	☐		☐
FRACTURE TREAT	☐		☒
SHOOT OR ACIDIZE	☐		☒
REPAIR WELL	☐		☐
PULL OR ALTER CASING	☐		☐
MULTIPLE COMPLETE	☐		☐
CHANGE ZONES	☐		☒
ABANDON*	☐		☐
(other)			

RECEIVED
JAN 15 1982
O. C. D.
Oil & GAS
U.S. GEOLOGICAL SURVEY
ROSWELL, NEW MEXICO

(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.)*

12-15-81 Perf Drinkard w/ 1 jspf @ 7015, 06, 6998, 93, 81, 78, 73, 61, 58, 51, 21, 03, 02, 6901, 6875, 65, 51, 43, 26, 6793, 51, 38, 37, 32, 25, 24, 6717, 6691, 71, 70, 64, 44, 36, 29, 6603, 6597 (36 holes)

12-16-81 Set RBP @ 7105, test RBP to 1000 psi. Acidize w/ 2000 gals NEFE acid. Place well on pump. Pump well for 3 days.

12-19-81 Frac w/ 26,000 gals water & 24,000 # sand. Recovering load.

JAN 18 1982
O. C. D.
HOBBS, NEW MEXICO

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

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

SIGNED Tom Olle Tom Olle TITLE Prod. Mgr DATE 1-4-82

(This space for Federal or State office use)

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

*See Instructions on Reverse Side

APR 15 1981