

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

80240

Form Approved.
Budget Bureau No. 42-R1424

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
Laguna Petroleum Corporation
3. ADDRESS OF OPERATOR Suite 370
One Marienfeld Place, Midland, TX 79701
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 660' FNL & 990' FWL, D, 7, 21S,
AT TOP PROD. INTERVAL: 38E
AT TOTAL DEPTH:

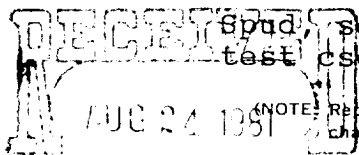
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

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:

- ☒
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U.S. GEOLOGICAL SURVEY
WELL REPORT

5. LEASE
NM 38473
6. IF 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
Wapiti (ASO 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

Spud, set surface pipe and test csg.

(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.)*

8/13/81 Moved in and rigged up Rig Co. Rig #202
8/14/81-8/15/81 Repaired rig.
8/16/81 Spudded 14 3/4" hole at 6:35 p.m. 8/16/81
8/17/81 Drilled to 925' Ran 23 jts. 8 5/8" 24# ST&C K-55 csg. in 14 3/4" hole, set at 925', cemented w/630 sxs class "c" w/4% gel followed by 200 sxs class "c" w/2% CaCl. Cement circulated. WOC 8 hrs.
8/18/81 NU wellhead. Drilled out cement. Tested csg. Did not hold. Csg. head leaking. Reweld csg. head. Tested to 1000# for 30 minutes. Held OK.

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

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

SIGNED John Peters TITLE Vice President DATE August 20, 1981

(This space for Federal or State office use)

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