

N. M. STATE COMMISSION  
P. O. BOX 1807  
HOBBS, NEW MEXICO 88240

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 ☒ other

2. NAME OF OPERATOR

Minerals, Inc.

3. ADDRESS OF OPERATOR

P. O. Box 1320, Hobbs, NM 88240

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

AT SURFACE: 990' FNL & 660' FEL

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 ☐  
FRACTURE TREAT ☐  
SHOOT OR ACIDIZE ☐  
REPAIR WELL ☐  
PULL OR ALTER CASING ☐  
MULTIPLE COMPLETE ☐  
CHANGE ZONES ☐  
ABANDON\* ☐

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(other) CMT SQ- attempt to sq off possible wtr channel

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 @ 12,700' above Morrow 'X' perf. 12,715-740'. Perf 4½" liner @ 12,660-670' above Morrow 'X' perf. w/2 JSPF. Set retainer @ 12,600'± & sq perf. w/100 sxs Class 'H' cmt containing .6% Halad-9. Drill out retainer, cmt & CIBP. Reperf. Morrow 'X' zone 12,715-740 w/2 JSPF. Evaluate. Acidize if necessary.

5. LEASE  
C. A. SW-517 NM 049943  
6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
7. UNIT AGREEMENT NAME  
8. FARM OR LEASE NAME  
Government 'A'  
9. WELL NO.  
2  
10. FIELD OR WILDCAT NAME  
East Grama Ridge Morrow  
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec. 10 T22S, R34E  
12. COUNTY OR PARISH  
Lea  
13. STATE  
NM  
14. API NO.  
15. ELEVATIONS (SHOW DF, KDB, AND WD)  
3575 GR

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

RECEIVED

FEB 25 1985

HOBBS, NEW MEXICO

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED

TITLE

DATE

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

MAR 11 1955

O.C. 2  
HQS. OFFICE