

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 88241

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:

TEST WATER SHUT-OFF ☐  
FRACTURE TREAT ☐  
SHOOT OR ACIDIZE ☐  
REPAIR WELL ☐  
PULL OR ALTER CASING ☐  
MULTIPLE COMPLETE ☐  
CHANGE ZONES ☐  
ABANDON\* ☐

SUBSEQUENT REPORT OF:

☐  
☐  
☐  
☐  
☐  
☐  
☐  
☐

(other) Casing test and cement job.

5. LEASE

C. A. SW-357 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  
N.M.

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.)

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.)\*

11-24-83 to 11-28-83 Set 9 5/8" 36#, 40# K-55 & 36# S-80 ST&C csg. in 12 1/4" hole @ 5,650' w/FC @ 5,560' & DV tool @ 3760'. Halliburton cmted 1st stage w/575 sxs Class "C" cmt. w/2% gel & 1/2#/sx flocele. Halliburton cmted 2nd stage w/2100 sxs HL cmt. w/1/2#/sx flocele followed by 50 sxs Class "C" cmt. w/1/2#/sx flocele. Circ. 150 sxs. WOC 40 hrs. Tstd. csg w/1000# for 30 min., held O.K. Drlg.

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

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

SIGNED [Signature] TITLE Vice-President DATE Dec. 12, 1983

ACCEPTED FOR RECORD

(This space for Federal or State office use)

APPROVED BY (ORIG. SGD.) DAVID R. GLASS DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL \_\_\_\_\_

DEC 27 1983

RECEIVED

DEC 28 1983

O.C.D.  
HOBBS OFFICE