

UNITED STATES DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

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
Zia Energy, Inc.
3. ADDRESS OF OPERATOR
P.O. Box 2219, Hobbs, NM 88240
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 660' FSL & 660' FWL
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* ☐ ☐
(other) ☐ ☐

LEASE
LC-030132 (b)
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Cities Federal
9. WELL NO.
2
10. FIELD OR WILDCAT NAME
Jalmat
11. SEC., T., R., M. OR BLK. AND SURVEY OR AREA
Sec. 20, T22S, R36E
12. COUNTY OR PARISH
Lea
13. STATE
NM
14. API NO.
30-025-28474
15. ELEVATIONS (SHOW DF, KDB, AND WD)
3539' GL, 3551' KDB

(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.)*

1. Commence operations to fracture treat on 5/1/85.
2. Rig up well servicing unit. Pull tubing & rods.
3. Install BOP.
4. Fracture treat using 80,000 gallons of gelled 2% KCL and 184,000# of sand. Treating through the 5 1/2" casing into existing perforations.
5. Rerun tubing, rods and pump. Put well on production to recover load water and to produce.

Subsurface Safety Valve: Manu. and Type _____

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

SIGNED M. J. Nelson TITLE Engineer DATE 4/24/85

(This space for Federal or State office use)

APPROVED BY Orig. Spd. Clerk S. D. Miller TITLE _____ DATE 5/1/85
CONDITIONS OF APPROVAL, IF ANY: