

UNITED STATES M. OIL CONS. COMMISSION  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY  
P.O. BOX 1030  
HOBBS, NEW MEXICO 88240

**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 ☐  
well well
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' FNL & 1980' FEL  
AT TOP PROD. INTERVAL:  
AT TOTAL DEPTH:
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

5. LEASE  
LC-032573 B
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME  
Elliott "B"
9. WELL NO.  
4
10. FIELD OR WILDCAT NAME
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
7 - T22S - 37E
12. COUNTY OR PARISH  
Lea
13. STATE  
NM
14. API NO.  
30-025-10090
15. ELEVATIONS (SHOW DF, KDB, AND WD)  
3436' GR 3446' DF

REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:

- |                      |                          |                          |
|----------------------|--------------------------|--------------------------|
| TEST WATER SHUT-OFF  | <input type="checkbox"/> | <input type="checkbox"/> |
| FRACTURE TREAT       | <input type="checkbox"/> | <input type="checkbox"/> |
| SHOOT OR ACIDIZE     | <input type="checkbox"/> | <input type="checkbox"/> |
| REPAIR WELL          | <input type="checkbox"/> | <input type="checkbox"/> |
| PULL OR ALTER CASING | <input type="checkbox"/> | <input type="checkbox"/> |
| MULTIPLE COMPLETE    | <input type="checkbox"/> | <input type="checkbox"/> |
| CHANGE ZONES         | <input type="checkbox"/> | <input type="checkbox"/> |
| ABANDON*             | <input type="checkbox"/> | <input type="checkbox"/> |
- (other) Return well to producing status

(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. Rigged up well servicing unit and reverse circulation equipment. Picked up 4 3/4" bit, drill collars and 2 7/8" tubing.
2. Drilled out CIBF at 3610'. Cleaned out to 3720'. Laid down bit and drill collars. Released reverse circulation equipment.
3. Ran 3693' 2 7/8" 10 V EUE tubing. Ran 2" X 1 1/2" X 12' pump and 3675' 3/4" rods. Placed well on production to recover load water and test.

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_

Set @ \_\_\_\_\_

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

SIGNED M. J. Nelson TITLE Engineer DATE 9/6/89

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

SEP 15 11 00 AM '89