

UNITED STATES LAND MANAGEMENT  
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 ☐  
well well

2. NAME OF OPERATOR

Zia Energy, Inc.

3. ADDRESS OF OPERATOR

P. O. Box 603, Hobbs, NM 88240

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

AT SURFACE: 2310' FSL & 2310' FWL

AT TOP PROD. INTERVAL: 2310' FSL & 2310' FWL

AT TOTAL DEPTH: 2310' FSL & 2310' FWL

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 ☐

~~SHOCK~~ OR ACIDIZE ☒

REPAIR WELL ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

CHANGE ZONES ☐

ABANDON\* ☐

(other) ☐

5. LEASE

NM-1410

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Federal

9. WELL NO.

1

10. FIELD OR WILDCAT NAME

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11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

17-T22S-R37E

12. COUNTY OR PARISH 13. STATE

Lea

NM

14. API NO.  
30-025-26304

15. ELEVATIONS (SHOW DF, KDB, AND WD)

3382' GR & 3394' RKB

(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.)\*

It is prososed to acidize the existing perforations using 500 gallons of 15% HCL acid. Acid will be pumped down the casing and displaced with hot water in an effort to remove scale that has accumulated on the formation face at the perforations from 2652' to 3614'.

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

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

SIGNED M. J. Nelson TITLE Engineer DATE 8/9/83

(This space for Federal or State office use)

(Orig. Sgd.) PETER W. CHESTER  
APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

SEP 20 1983