(other)

OPERATOR'S COP

UNITE	נט או	WIE2			5. LEAS
DEPARTMENT	OF 1	THE IN	ITERI	OR	:

	NM-	14 10		
6.	IF INDIAN,	ALLOTTEE	OR TRIBE	NAME

GEOLOGICAL	SURVEY

_			
~	HALLT	ACDEEASENT NAM	4-

SUNDRY NOTICES AND REPORTS ON WELLS	١
oo not use this form for proposals to drill or to deepen or plug back to a different servoir. Use Form 9-331-C for such proposals.)	-

8.	FARM	OR	LEASE	NAME
		TO.	40-01	

1. oil gas well well	other

9. WELL NO.

2. NAME OF OPERATOR

Zia Energy, Inc.

10. FIELD OR WILDCAT NAME Eunice San: Andres-Southwest

3. ADDRESS OF OPERATOR

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

P.O. Box 603, Hobbs, NM 88240 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17

AREA 17-22S-37E

AT SURFACE: 720' FNL & 1980' FWL

12. COUNTY OR PARISH 13. STATE

NM

AT TOP PROD. INTERVAL:

14. API NO.

Lea

AT TOTAL DEPTH: 720' FNL & 1980' FWL

30-025-2723/

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

15. ELEVATIONS (SHOW DF, KDB, AND WD) 3402' GR-3412' KDB

(NOTE: Report results of multiple completion or zone

change on Form 9-330.)

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*

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.)*

- Run 365' 8 5/8" 23# surface casing. Set at 377".
- Cemented surface using 250 SXS. c1"c" cmt. circulated 75 SXS. 2.
- Drilled to T.D. 4300'. Ran 4300' 5½" 14# csg.
- Cemented 5½" csg. using 700 SXS. Halliburton Lite plus 600 SXS c1"c" 50-50 Poz. circulated 90 SXS.
- Perf 3896'-98' w/4JS. Swab test. 5.

- Squeeze perfs 3896'-98 w/150 SXS. C1"C" below retainer @ 3880'.
- Perf 3JS 3834'-36 & 3JS 3842'-44'.
- Acidize perfs 3834'-44' with 600 GA.

9.	Swab	test.
Subsurfa	ce Safety	Valve: Manu. and Type

Set @

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

_ TITLE Engineer

10/15/81 DATE

(This space for Federal or State office use)

APPROVED BY CONDITIONS OF APPROVAL, IF ANY: