

N. M. OIL & GAS COMMISSION
UNMOUNTED STATES 88240
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

Form Approved
Budget Bureau No. 42-R1424

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
Bert Fields, Jr.

3. ADDRESS OF OPERATOR
11835 Preston Road, Dallas, TX 75230

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 990' FNL - 990' 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:		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 checked="" 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)			

5. LEASE 030168-B

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
~~Eaves~~ Eaves "B"

9. WELL NO.
2

10. FIELD OR WILDCAT NAME
Scarborough Yates - Seven Rivers

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
31 - 26S - 37E

12. COUNTY OR PARISH Lea 13. STATE NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
2941 DF

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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.)*

12-29-81: MI Rig and replaced 1 joint of tubing and repaired pump. Placed well back on production.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED *David R. Glass* TITLE Secretary DATE 7/9/82

ACCEPTED FOR RECORD

(This space for Federal or State office use)

APPROVED BY (ORIG. SGD.) DAVID R. GLASS DATE _____
CONDITIONS OF APPROVAL NOV 1 1982

U.S. GEOLOGICAL SURVEY
ROSWELL, NEW MEXICO

*See Instructions on Reverse Side

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