

UNITED STATES  
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 ☒ well gas ☐ well other ☐

2. NAME OF OPERATOR  
Texon Petroleum Corporation

3. ADDRESS OF OPERATOR  
Suite 290, One Marienfeld Place, Midland, Tx.

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 1650' FNL, 330' FWL  
AT TOP PROD. INTERVAL: 1650' FNL, 330' FWL  
AT TOTAL DEPTH: 1650' FNL, 330' FWL

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

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐  
FRACTURE TREAT ☐  
SHOOT OR ACIDIZE ☐  
REPAIR WELL ☐  
PULL OR ALTER CASING ☐  
MULTIPLE COMPLETE ☐  
CHANGE ZONES ☐  
ABANDON\* ☐

SUBSEQUENT REPORT OF

(other) Spud & Cement 8 5/8" Casing

RECEIVED  
NOV 5 1979  
U. S. GEOLOGICAL SURVEY  
HOBBS, NEW MEXICO

5. LEASE

NM 34477

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Lineberry

9. WELL NO.

1-Federal

10. FIELD OR WILDCAT NAME

Drinkard

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

Sec. 5, T-23-S, R-38-E

12. COUNTY OR PARISH

Lea

13. STATE

New Mexico

14. API NO.

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

3372.6 GR

(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.)\*

10-23-79 Spud well @ 7:00 A.M. CDT 10-23-79. Drilled 12 1/4" hole to 1,300'.  
10-24-79 Ran 33 jts. 8 5/8" 24#, K-55, ST&C Casing. Set @ 1,300'. Cemented with 775 sx Pacesetter Lite + 3% salt + 2% CaCl<sub>2</sub> and 200 sx Class C + 2% CaCl<sub>2</sub> by Western Company. Circulated to surface. PD @ 1:15 A.M. CDT 10-25-79.  
10-25-79 WOC 8 hrs. Nipple up on BOP. Test casing and BOP assembly to 1000 psi. Held pressure 30 minutes. Held OK.

Subsurface Safety Valve: Manu. and Type

Set @ 10-30-79 Ft.

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

SIGNED OKH TITLE Agent DATE 10-30-79

(This space for Federal or State office use)

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

\*See Instructions on Reverse Side

