

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 ☐ gas ☐ other ☒ Dry Hole

2. NAME OF OPERATOR

Blanks Energy Corporation

3. ADDRESS OF OPERATOR

600 Blanks Bldg., Midland, Texas 79701

4. LOCATION OF WELL (REPORT LOCATION COORDINATES, NEW MEXICO below.)

AT SURFACE: 1980' FNL & 1980' FWL

AT TOP PROD. INTERVAL:

AT TOTAL DEPTH:

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* ☐
(other) Plug back ☐

SUBSEQUENT REPORT OF:

☐
☐
☒
☐
☐
☐
☐
☐
☐

5. LEASE

NM-2593

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Roberts-Yates #1

WELL NO.

1

10. FIELD OR WILDCAT NAME

Undesignated Dublin Ellenburger

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

Sec 19, T-26, R-38-E

12. COUNTY OR PARISH

Lea County

13. STATE

New Mexico

14. API NO.

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

2986' G.L.

(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.)*

1/19/81 - Swbd load back w/trace oil and very slight show of gas.

1/21/81 - Acidized w/2000 gal 15% DS-30. Mx TP 1825# ISIP 1500#.

1/23/81 - Swbd load back w/trace oil, 5 BLW & SA, attempt to POH w/pkr Stk @ 3230'.

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

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

SIGNED Gary Feist TITLE Engineer

DATE 2-13-81

(This space for Federal or State office use)

APPROVED BY Karen E. Daples TITLE _____

DATE 2-23-81

CONDITIONS OF APPROVAL, IF ANY: