

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
The Petroleum Corporation of Delaware
3. ADDRESS OF OPERATOR
3303 Lee Parkway Dallas, TX 75219
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1610 Fm w 2310 Fm
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) ☐

SUBSEQUENT REPORT OF:

- ☐
☐
☐
☐
☐
☐
☐
☐

5. LEASE
NM 7951
6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Tenneco Federal
9. WELL NO.
2
10. FIELD OR WILDCAT NAME
Justis Tubb Drinkard
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
K-12-26S-37E
12. COUNTY OR PARISH
Lea
13. STATE
N.M.
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
3007 Well Head

(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.)*

This well is currently closed in with perforations in the Tubb zone at 6355' to 6357'. The well produced 100% water prior to being closed in.

Our proposal is to squeeze the current perforations, test the squeeze, run tubing & packer, set packer at approximately 6300', perforate the Lower Tubb porosity at 6399' to 6412', swab test and respond accordingly.

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

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

SIGNED TE Thomas TITLE Operations Mgr. DATE January 24, 1985

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE 2-8-85
CONDITIONS OF APPROVAL, IF ANY: