

Form 9-331  
(May 1963)

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse side)

Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.  
**LC-032450(a)**

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 "APPLICATION FOR PERMIT—" for such proposals.)

1.

OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

3. ADDRESS OF OPERATOR

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

**3247' DF**

7. UNIT AGREEMENT NAME

**SOUTH MATTIX UNIT**

8. FARM OR LEASE NAME

9. WELL NO.

**5**

10. FIELD AND POOL, OR WILDCAT

**FOWLER ELLENBURGER**

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

**22-24-37 NMPM**

12. COUNTY OR PARISH

13. STATE

16.

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON\*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

(NOTE: Report results of multiple completion on Well  
Completion or Recompletion Report and Log form.)

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 perti-  
nent to this work.)\*

In accordance w/ Form 9-331 dated 12-23-64  
Additional Ellenburger interval 9736'-66'  
was perforated w/ 2 SSPF and acidized  
w/ 2000 gallons acid.

Prior to repair - pmp 132 BO x 0 BW 24 Hr.  
After " - pmp 191 BO x 0 BW 24 Hr.

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

SIGNED

TITLE

**Area Supt**

DATE

**1-6-65**

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

**DIST-0+13**

5-USGS

1-CONOCO

2-STD OF TEX.

1-TENNECO

1-ATLANTIC

1-STATE LAND

1-JWB

1-Susp.

1-WS

\*See Instructions on Reverse Side