

COPY TO U.S.G.

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

Form Approved.  
Budget Bureau No. 42-R1424

SUNDRY NOTICES AND REPORTS

(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.)

APR 22 1981

1. oil ☐ well gas ☒ well other ☐

2. NAME OF OPERATOR  
Apollo Oil Company

3. ADDRESS OF OPERATOR  
Box 1737, Hobbs, N.M. 88240

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 1980' from the N Line and 1980'  
AT TOP PROD. INTERVAL: from the E Line  
AT TOTAL DEPTH: 3270'

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) ☒ Install pumping unit

SUBSEQUENT REPORT OF:

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5. LEASE Las Chucas 060744  
Federal  
6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
7. UNIT AGREEMENT NAME  
8. FARM OR LEASE NAME  
Federal "B"  
9. WELL NO.  
1  
10. FIELD OR WILDCAT NAME  
Langlie Mattix  
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Section 14-25S-37E  
12. COUNTY OR PARISH  
Lea  
13. STATE  
N.M.  
14. API NO.  
15. ELEVATIONS (SHOW DF, KDB, AND WD)  
3124'

(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. Rig up pulling unit.
2. Run 3/4 rods 3100' and pump.
3. Install pumping unit.

Subsurface Safety Valve: Manu. and Type Manual Set @ None Ft.

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

SIGNED Alan W. Splitter TITLE Owner

DATE 4-21-81

(This space for Federal or State office use)

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

TITLE \_\_\_\_\_

DATE \_\_\_\_\_