

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
GIFFORD, MITCHELL & WISENBAKER
3. ADDRESS OF OPERATOR
1280 MNB Tower Midland, TX 79701
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1980' FNL & 660' FEL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

- | REQUEST FOR APPROVAL TO: | | SUBSEQUENT REPORT OF: |
|--------------------------|--------------------------|--------------------------|
| TEST WATER SHUT-OFF | <input type="checkbox"/> | <input type="checkbox"/> |
| FRACTURE TREAT | <input type="checkbox"/> | <input type="checkbox"/> |
| SHOOT OR ACIDIZE | <input type="checkbox"/> | <input type="checkbox"/> |
| REPAIR WELL | <input type="checkbox"/> | <input type="checkbox"/> |
| PULL OR ALTER CASING | <input type="checkbox"/> | <input type="checkbox"/> |
| MULTIPLE COMPLETE | <input type="checkbox"/> | <input type="checkbox"/> |
| CHANGE ZONES | <input type="checkbox"/> | <input type="checkbox"/> |
| ABANDON* | <input type="checkbox"/> | <input type="checkbox"/> |
| (other) Setting Casing | | |

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.)*

5 1/2" casing was run to 3336'. Halliburton cemented with 450 sacks Class C Neat with 3 lbs. salt per sack mixed at 15.2 ppg. Plugged down at 3:15 p.m. 7/14/78.

A completion will be attempted at this depth in the Yates formation.

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

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

SIGNED [Signature] TITLE Production Clerk DATE 7/18/78

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

| | |
|---|-------------------------|
| 5. LEASE N.M. 10195 | |
| 6. IF INDIAN, ALLOTTEE OR TRIBE NAME N/A | |
| 7. UNIT AGREEMENT NAME Undesignated | |
| 8. FARM OR LEASE NAME Spotted Tail Federal | |
| 9. WELL NO. 1 | |
| 10. FIELD OR WILDCAT NAME Wildcat | |
| 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 31, T25-S, R36-E | |
| 12. COUNTY OR PARISH Lea | 13. STATE New Mexico |
| 14. API NO. | |
| 15. ELEVATIONS (SHOW DF, KDB, AND WD) GR = 3024' | |

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

