

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

U. S. OIL CONS. COMMISSION  
P. O. BOX 1300  
HOBBBS, NEW MEXICO

LC-032582 (b)

**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  
Worldwide Energy Corporation  
3. ADDRESS OF OPERATOR 80290  
1600 Tower Bldg., 1700 Boradway, Denver, Co  
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 1650' FNL and 330' 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 ☐ ☐  
FRACTURE TREAT ☐ ☐  
SHOOT OR ACIDIZE ☐ ☐  
REPAIR WELL ☐ ☐  
PULL OR ALTER CASING ☐ ☐  
MULTIPLE COMPLETE ☐ ☐  
CHANGE ZONES ☐ ☐  
ABANDON\* ☐ ☐  
(other) Name Change

6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
88240  
7. UNIT AGREEMENT NAME  
8. FARM OR LEASE NAME  
E. J. WELLS  
9. WELL NO.  
3  
10. FIELD OR WILDCAT NAME  
Jalmat  
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec. 12, T25S R36E  
12. COUNTY OR PARISH  
Lea  
13. STATE  
NM  
14. API NO.  
15. ELEVATIONS (SHOW DF, KDB, AND WD)

(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.)\*

From WECO No. 3

To E. J. Wells No. 3

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED **APPROVED** \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
(Orig. Sgd.) **GEORGE H. STEVENS** \_\_\_\_\_  
APPROVED BY **DEC 8 1982** \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

**JAMES A. GILLHAM**  
DISTRICT SUPERVISOR

\*See Instructions on Reverse Side