

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 ☐ gas ☒ other ☐
well well
2. NAME OF OPERATOR
Union Oil Company of California
3. ADDRESS OF OPERATOR
P. O. Box 671 - Midland, Texas 79702
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 2310' FNL and 2310' FEL of Sec. 28
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) Spudding - setting surface casing and setting second string of 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.)*

5-23-85 Drld 17 1/2" hole @ 4936' PTD @ 10:30 P.M.
5-24-85 R&C 113 jts + 1 pc (4891') 13 3/8" 68# & 61# S-80 & K-55, ST&C new 8rd csg @ 4923' w/FC @ 4841' w/3500 sxs HLW w/15# salt 3# Gilsonite and 1/4# Flocele @ 12.7 ppg followed w/500 sxs Class "C" w/5# salt @ 14.8 ppg. Disp. w/733 bbl mud. Did not bump plug. Circ 90 sxs. Float held. CIP & JC @ 8:30 P.M. 5-24-85.
5-26-85 Tested 13 3/8" csg to 1000 psi - for 30 mins - O.K. Drld out after 36 hrs.

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

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

SIGNED J. R. Hughes TITLE Dist. Drlg. Supt DATE May 30, 1985

ACCEPTED FOR RECORD

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL _____

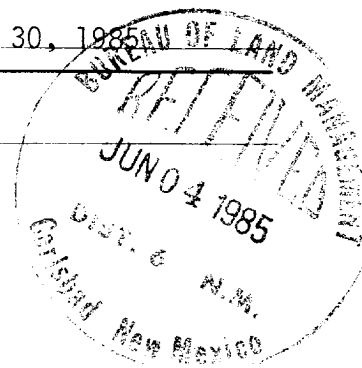
JUN 4 1985

CARLSBAD, NEW MEXICO

*See Instructions on Reverse Side

5. LEASE
NM-26394
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Red Hills "28" Federal Com.
9. WELL NO.
1
10. FIELD OR WILDCAT NAME
Red Hills Devonian Gas
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 28, T-25-S, R-33-E
12. COUNTY OR PARISH
Lea
13. STATE
New Mexico
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
3362' GR

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



RECEIVED

JUN - 5 1985

O.C.D.
HOBBS OFFICE