Form 9–331 Dec. 1973		100 mg			Form Ap Budget I	oproved. Bureau No. 42–R.	1424
	UNITED STATES	INTERIO	(5. LEASE	NM 137	 	
	GEOLOGICAL SUR	VEY		6. IF INDIA	N, ALLOTTEE O	R IRIBE NAME	
(Do not use this form for	TICES AND REPO				REEMENT NAM	IE .	
reservoir. Use Form 9–331-	-C for such proposals.)				R LEASE NAME ara Feder	1 1	
1. oil gas well	□ other			9. WELL N		a/ Co i	*;
2. NAME OF OPERA	,			10 FIFLD 0	R WILDCAT NAM	ΔF	
3. ADDRESS OF OPERATOR P. O. Box 460, Hobbs, N.M. 88240				North De	agger Draw , R., M., OR BLI	Upper Pe	enn V OR
	LL (REPORT LOCATIO	N CLEARL	Y. See space 17	AREA	· · · · · · · · · · · · · · · · · · ·		· Oit
below.) AT SURFACE: /9	80'FNL & 660'FEL			12. COUNT	<i>7-195,R-</i> y or parish 1	.25 E	
AT TOP PROD. IN	NTERVAL:			Edd		NM	
AT TOTAL DEPTH	: IATE BOX TO INDICA	TF NATU	IRE OF NOTICE	14. API NO.			
REPORT, OR OTHER DATA				15. ELEVAT	IONS (SHOW D	F, KDB, AND	WD)
REQUEST FOR APPROTEST WATER SHUT-O		EQUENT	REPORT OF:				
FRACTURE TREAT							
SHOOT OR ACIDIZE REPAIR WELL		H	1 2	(NOTE: Repo	್ ಚಿತ್ರಿತ್ರ ort results of multi	ple completion o	r zone
PULL OR ALTER CAS MULTIPLE COMPLETE	=			char	nge on Form 9–330)) 	:
CHANGE ZONES			$f^{m_{m_{m_{m_{m_{m_{m_{m_{m_{m_{m_{m_{m_{$				**
ABANDON* (other)				*			្វ
including estimate measured and tru MIRU Killwe	OSED OR COMPLETED ed date of starting any e vertical depths for all all w/produced u un w/2JSPF. Per	proposed markers : عامات	l work. If well is d and zones pertiner <i>Unseat pkr</i> :	irectionally dri it to this work. らけわって紹	illed, give subsu)* D'. Spot 10661	rface locations	s and Poor
13, 15,21, 29,	31,41,44,66,68;	. 70′, 73	! GIHW pkr	<i>tworkstri</i>	'ag. Setpkra	+ 7630' Pa	LMP.
2100 gals 28% H	4c1. Pump 300 16s	rocks	alt in 150 gals	brine u/2	20#/1000 901	quargum.	Pun
	4-C1. Pump 30016s						
210090/ 28%	HCI. All HCI ha	s Zgals	per 10000a/	Protexol	. Flush ac	id to perfs	and
overtinsh w/ 6	OBBS TFW. SW	ab back	kload Pur	16 1 3/2	4 . (. 4 7
Begin gas injec	ction. Swabwell	until it	t flows. Plac	ewell on	Production	eck value	æ; ;
Subsurface Safety Valv	_				Set @		Ft.
18. I hereby certify the	at the foregoing is true		t Iministrative Supervis	sor DATE	11/8/80)	
			r Federal or State off		APPROVI	D	
APPROVED BY		TITLE .		DATE	10V 1 7 1 98	0	

•See Instructions on Reverse Side DISTRICT SUPERVISOR