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Form 5 -331 Dec. 1973	Form Approved Budget Bureau No. 42-R1424
UNITED STATES	5. LEASE
DEPARTMENT OF THE INTERIOR	NM 17215 6. IF INDIAN, ALLOTTES OR THIBE NAME
C/OF GEOLOGICAL SURVEY	_
SUNDRY NOTICES AND REPORTS ON WELLS	7. UNIT AGREEMENT NAME
(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.)	8. FARM OR LEASE NAME APR 2 0 1981 Husky Federal
1. oil gas well other	9. WELL NO. O. C. D.
2. NAME OF OPERATOR	
Husky Oil Company ✓	10. FIELD OR WILDCAT NAME 16. Diamond Mound, Atoka
3. ADDRESS OF OPERATOR	11. SEC., T., R., M., OR BLK. AND SURVEY OR
600 S. Cherry St., Denver, Colo. 80222	AREA
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	Sec. 14-16S-27E
below.) AT SURFACE: 1980'FNL & 660'FWL, SW NW	12. COUNTY OR PARISH 13. STATE
AT TOP PROD. INTERVAL: Same	Eddy N. M.
AT TOTAL DEPTH:	14. API NO.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	
REPORT, OR OTHER DATA REPORT, OR OTHER DATA SUBSEQUENT REPORT OF:	15. ELEVATIONS (SHOW DF, KDB, AND WD) 3581 GR
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: TEST WATER SHUT-OFF FRACTURE TREAT SHOCT OR ACIDIZE REPAIR WE'LL PULL OR ALTER CASING MULTIPLE COMPLETE CHARGE ZONES ABANDON* (other) Casing and cementing program chan	(NOTE: Report results of multiple completion or zone change on Form 9–230.) .
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly stating including estimated date of starting any proposed work. If well is measured and true vertical depths for all markers and zones pertine	te all pertinent details, and give pertinent dates, directionally drilled, give subsurface locations and
We wish to make the following changes cementing program for the captioned w	s in our proposed casing and well:
13-3/8" casing: a 17½" hole w/c	esg set at ± 400 ' w/ ± 400 sx cmt cover the Rustler Anhydrite form
5-1/2" casing: weight per foot	\pm is 15.5# and $\pm/\#$.
	DECENTATION APR 1 1501
	APR 13 1501 Th
	en e
Subsurface Safety Valve: Manu. and Type	Set @ Ft.
,	
18. I hereby certify that the foregoing is true and correct SIENED TITLE Engr. Asst	t
(This space for Federal or State of	The state of the s
1 —	

TITLE DATE

JAMES A. GILHAM DISTRICT SUPERVISOR *See Instructions on Reverse Side

ARPROVED BY CONDITIONS OF APPROVALS ANY:

FOR