## UNUTED CTATES

DEPARTMENT OF THE INTERIOR	5. LEASE NM 080273		
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME		
SUNDRY NOTICES AND REPORTS ON WELLS  (Do not use this form for proposals to drill or to deepen or plug back to a different	7. UNIT AGREEMENT NAME		
eservoir. Use Form 9–331–C for such proposals.)	8. FARM OR LEASE NAME		
1. oil 😝 gas 🗇	Hanson Federal		
well X well other	9. WELL NO.		
2. NAME OF OPERATOR	2		
BYRON OIL INDUSTRIES, INC.	10. FIELD OR WILDCAT NAME		
3. ADDRESS OF OPERATOR C/O Walsh Engr. & Prd.	Lybrook Gallup		
P.O. Drawer 419 Farmington, N.M. 8740  4 LOCATION OF WELL (REPORT LOCATION CLEARLY, See space 17	L11. SEC., T., R., M., PR, BJK, AND SHRVEY OR		
below)	n.m.p.m.		
AT SURFACE: 686 FSL, 1806 FWL	12. COUNTY OR PARISH 13. STATE		
AT TOP PROD. INTERVAL: Same	Rio Arriba   N.M.		
AT TOTAL DEPTH: Same	14. API NO.		
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,			
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD) 7044 GL 7056 KB		
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:			
TEST WATER SHUT-OFF			
FRACTURE TREAT \( \begin{array}{cccccccccccccccccccccccccccccccccccc			
REPAIR WELL	(NOTE: Report results of multiple completion or zone		
PULL OR ALTER CASING	change on Form 9-330.)		
MULTIPLE COMPLETE			
CHANGE ZONES U			
ABANDON* U U			

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.)\*

6/4/82 Gas Connected to pipeline Casinghead Gas



Subsurface Safety Valve: Manu. and Type		Set @		
FOR: BYRON OIL INDUS  18. I hereby certify that the foregoing is t  ORIGINAL SIGNED BY  SIGNED FWELL N. WALSH  EWELL N. WALSH	rue and correct President	, Walsh Engr.	6/7/82	
	(This space for Federal or Sta	ite office use)		
APPROVED BYCONDITIONS OF APPROVAL, IF ANY:	TITLE	DATE	TEO FOR RECORD	)

JUN 03 1982

\*See Instructions on Reverse Side

**NMOCC** 

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