## UNITED STATES SUBMIT IN TRIPLICATES Of their instructions on reverse side SUBMIT IN TRIPLICATES Budget Bureau No. 42-R1424. 5. LEASE DESIGNATION AND SERIAL NO.

	NM 0554433	
-	6. IF INDIAN, ALLOTTES OR TRIBE NAME	

		6. IF INDIAN, ALLOTTES OR TRIBE NAME			
(Do not	SUNDRY NO				
1.				7. UNIT AGRESMENT NAME	
OIL	GAS				
WELL	WELL OTHE	S. FARM OR LEASE HAME.			
2. NAME OF OP	e Oil Compa	Rusty Federal			
	<del>_</del>	9, WHA NO.			
3. ADDRESS OF		2			
313 V	washington,	S.E., Albuquerque on clearly and in accordance with an	9, N.M. 0/100	10. PINED AND POOL, OR WILDCAT	
4. LOCATION OF See also spa At surface	F WELL (Report location of the second of the	Rusty Menefee			
	1850 ENT	, 800 FEL		SURVEY DR AREA	
	TN1 OCOI	Can 16 m22m D7U			
			18: 5 821	Sec. 14, T22N, R7W	
14. PERMIT NO.		15. ELEVATIONS (Show whether	DF, RT, GR, etc.)	12. COUNTY OR PARISH 13. STATE	
		6960 GR	The state of the s	Sandoval N.M.	
16.	Check	Appropriate Box To Indicate	Nature of Notice, Report, or	Other Data	
	1	TENTION TO:		DQUENT REPORT OF:	
TEST WATE	ER SHUT-OFF	PULL OR ALTER CASING	WATER SHUT-OFF	REPAIRING WELL	
FRACTURE	TREAT	MULTIPLE COMPLETE	FRACTURE TREATMENT	ALTERING CASING	
SHOOT OR	ACIDIZE	ABANDON*	SHOOTING OR ACIDIZING Proore	ABANDON MENT*	
REPAIR WE	ELL	CHANGE PLANS	(Otner) Penert resu	Its of multiple completion on Well	
(Other)			Completion or Recor	ubletion Report and Log form.)	
proposed nent to t	l work. If well is dir this work.) *	rectionally drined, give substitute at		es, including estimated date of starting any tical depths for all markers and zones perti-	
		oump jack - pumped lear water and sl:		illy rate 90 bols	
4-9,10,1	1,12,13,14,	75 - As above			
				••	
4-15-75	Removed pu	ımp jack			
, 23 . 3		1 3		•	
4-16-75		ork over rig set		at 3380' swabbed	
	Recovered	water and sli show	w gas.		
4-17-75	Swabbing r	no increase in hyd	rocarbons.		
+-18-75 Fluid level 1200' SIWHP 20# - Came out of hole - layed down 1555' of tubing.					
4-19-75	Perforated packer and	.5 x 13.5 sleeve v d 4' 2 shots per f d 2-7/8" tubing se	oot from 1880'-84	'. Went in with - Swabbed once,	
18. I hereby c	certify that he torego	776/1.	President	DATE 4-21-75	
SIGNED _	120	TITLE _	Treatment	DATE T	
(This space	ce for Federal or Stat			DAME.	
ADDROUE	2D DV	TITLE		DATE	

APPROVED BY \_\_\_\_\_\_CONDITIONS OF APPROVAL, IF ANY:

