C JED STATES DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY

_		_		_	-	
-	è	L	Ω	S	∔	
					ᆫ	

W.T.	٠.		\sim	٠. ي
	÷	·+_	~ '	'ت

6. IF INDIAN, ALLOTTEE OF TRIBE NAME

A	* * /*: ~ /* / / / / / / / / / /			P. L. 1	7 * * * * * * * * * * * * * * * * * * *
• 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	a Maria di Santa di S	L 1-11	REPORTS	1.0	
JUSTURE	11011000	T: *=	ا ا ا استواق	C . 1	

IDs. not use this form for proposars to or I brits deeder in all global to a different reservoir. Use Form 9–33. —C for such proposals.

- we 🗀 ve pther
- 2. NAME OF CPERATOR
- IN I PETE LIEUM CORP.
- 3. ADDRESS OF OFERATOR | EDD ALPHORE Drive,
- Suite 114, Parmington, NU 87831 4. LOCATOM OF WELL (REPORT 100-TYON DIERRLY See stace 17
- 25422 - 810 * FSL / 8513 FTL AT SUPFACE: AT TOF PROD. INTERVAL: AT TOTAL DEPTH:
- 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

8. FARM OR LEASE NAME:

7. UNIT AGREEMENT NAME

Dome Federal 20-22-6

- 9. WELL NO.
- 10. FIELD OR WILDCAT NAME

Rusty Chacra Extension

11. SEC., T., R., M., OR BLK, AND SURVEY OR AREA

Sec. 20. T22N, R6W

- 12. COUNTY OR PARISH: 13. STATE
- Sandoval New Mexico 14. API NO
- 15. ELEVATIONS (SHOW DF, KDB, AND WD)

7071' GR REQUEST FOR APPROVAL TO: SUBSEQUE: T FEPORT OF: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE (NOTE: Report results of multiple completion or zone REPAIR WELL PULL OF ALTER CASING change on Form 9-330.) MULTIPLE COMPLETE CHANGE ZONES =ABANDON* ouner Spud And Set Surface 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.)*

Smuddes 12%" hole at 4:00 p.m. 8/31 80. Brilled to 139'. Ran 3 jts. E 5/8", 23#, K55, ST&C Casing. Casing landed at 135' G.L. Cemented 110 sacks Class "B" Cement with 2% CaCl. Flug down at 1:00 a.m. 8/31 Circulated cement.

Subsurface Safety Valve, Manu, and Type	Set @	Ft.
18. I hereby certify that the foregoing is true and correct		
SIGNED HE BYLD TITLE BYLD & Prod. Forestan	9/03/80	
(This space to: Federal or State office use)		

_ DATE _

ALLEYSED FURRELLUMUANY

SEP 1 0 1980

*See Instructions on Reverse Side

ARMUNGTON DISTRICT