## UNITED STATES DEPARTMENT OF THE INTERIOR

K-55 Csg sot AT 2790'. CMTD W/100 5x Like-Wake CMT and 2% CACLZ Followed W. Hy 100 5x Chss B CMT with 2% CACLZ. Displand with 44 Bb/s Fros, Water, Plug Down AT 1:10 PM 11-6-77. Rel. Rig	UNITED STATES	5. LEASE
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1. oil well Sas with other  2. NAME OF OPERATOR  2. NAME OF OPERATOR  3. ADDRESS OF OPERATOR  4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below).  AT SUBFACE: 33/0 FML + 990 FML  AT TOP PROD. INTERVAL:  AT TOTAL DEPTH:  16. CHECK APPROVAL TO:  SUBSEQUENT REPORT OF:  REPORT, OR OTHER DATA  REQUEST FOR APPROVAL TO:  SUBSEQUENT REPORT OF:  TEST WATER SHUT-OFF  FRACTURE REAT  SHOOT OR ACIDIZE  REPAIR WELL  REPORT WELL  REPORT WELL  REPORT WELL  REPORT 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 consep pertinent to this work.)  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 consep pertinent to this work.)  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 consep pertinent to this work.)  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 consep extreme to this work.)  17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including and proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and consep.  18. OR ALL NO. SEE OF ALL NO. SEE OF ALL NO. SEE OF ALL NO. SEE OF AL	(Do not use this form for proposals to drill or to deepen or plug back to a different	
Well Note: N	reservoir. Use Form 9–331–C for such proposals.)	
2. NAME OF OPERATOR  COMPSHY  3. ADDRESS OF OPERATOR  BOX 460 HODDS N.M. 88240  4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  AT SURFACE: 23/0 FNL + 990 FWL  AT TOP PROD. INTERVAL: AT TOTAL DEFTH:  AT TOTAL DEFTH:  16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,  REPORT, OR CTHER DATA  REQUEST FOR APPROVAL TO:  SUBSEQUENT REPORT OF:  TEST WATER SHUT-OFF  FRACTURE TREAT  SHOOT OR ACIDIZE  CHANGE ZONES  ABANDON:  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.)  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.)  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.)  17. DESCRIBE PROPOSED OR CAPITATIONS (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.)  17. DESCRIBE PROPOSED OR CAPITATIONS (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 proposed work. If well is directionally drilled, give subsurface locations and meas		AX/ Apache D
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PULL OR ALTER CASING   Change on Form 9-330)  MULTIPLE COMPLETE   CANADA CONTROL COMPLETE CONTROL COMPLETE COMPLETE   CHANGE ZONES   COMPLETE COMPLETE COMPLETE COMPLETE COMPLETE COMPLETE 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.)*  Dr Id 7 % From 525 To 2790 TD. Plan 45 1054  K-55 Cs9 S=f AT 2790. CMTD W/100 5x LH2-WsL  CMT = wl 2 % CACL 2 Followed W. H 100 5x Chss  B CMT w. H 2 % CACL 2. DISPland w. H 449 Bbb Frost  Waler, Plug Down AT 1:10 PM 11-6-77. Rol. Plug  II-6-77, WO COMPl. Rig.  Subsurface Safety Valve: Manu. and Type		그 그는 그 회사 기계 위원 기계
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CHANGE ZONES  ABANDON  (other) Sof 44 Prod. Csg  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.)*  Dr 17 18 From 525 TO 2790 TD. Ran 42 1054  K-55 Csg Sof AT 2790. CMTD W/100 5x Lule-Walk  CMT aw 26 CACL2 Followed W, H 100 5x Class  B CMT with 26 CACL2. Displaced with 44 Bbls Frost  Waler, Plug Down AT 1:10 PM 11-6-77. Rel. Rig  II-6-77. WO COMP!. Rig.  Subsurface Safety Valve: Manu. and Type  Set @ Pt.  18. I hereby certify that the foregoing is true and correct  signed Man. G. Twilliand Title CMW. SURV. DATE 11-7-77  (This space for Federal or State Microscope  APPROVED BY TITLE  DATE		change on Form 9–330.)
(other) Sot 45 Prod. CST  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.)*  Drid 1/6 From 525 To 2790 TD. Ram 45 1054  K-55 CS9 Sot AT 2790. CMTD w/100 5x Like Wake  CMT and 2 CACL2 Followed w. Hy 100 5x Chess  B CMT with 2 6 CACL2 Followed with 4 44 Bbs Fros,  Water, Plug Down AT 1:10 PM 11-6-77. Rol. Rig  1-6-77, WO COMPI. Rig.  Subsurface Safety Valve: Manu. and Type		그 그는 사람은 사람들이 가장 살아왔다는 것이다.
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.)*  Drid 1/k From 525 To 2790 TD. Ran 42 1054  K-55 Cs9 Sof AT 2790. CMTD W/100 SX LLL-Walk  CMT and 2/6 CACL2 Followed W. Ff 100 SX Class  B CMT with 2/6 CACL2 Followed W. Ff 100 SX Class  B CMT with 2/6 CACL2. Displand with 44 Bb/s From Waler, Plug Down AT 1:10 PM 11-6-77. Rol. Rig  II-6-77, WO COMPI. Rig.  Subsurface Safety Valve: Manu. and Type Set @ Pt.  18. I hereby certify that the foregoing is true and correct  SIGNED WALL-Walk  TITLE ADMINISTRY, DATE 11-7-77  (This space for Federal or State of Fede	ABANDON: 1 1/4 F	
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.)*  Drid 1/6 From 525 To 2790 TD. Ram 42 1054  K-55 Cs9 Sof AT 2790. CMTD W/100 SX LLL-Wald  CMT and 2/6 CACL2 Followed W. H. 100 SX Class  B CMT with a 6 CACL2. Displand with 44 Bbb Fros,  Water, Plug Down AT 1:10 PM 11-6-77. Rol. Rig  1-6-77. WO COMPI. Rig.  Subsurface Safety Valve: Manu. and Type Set @ Pt.  18. I hereby certify that the foregoing is true and correct  SIGNED WALL C. Township Title ADMIN. SUPV. DATE 11-7-77  (This space for Federal or State-office use)  APPROVED BY TITLE	(other) Set 45 Frod. (ST.	그 그는 그를 가득을 통해하는 요구 원문되는 사용이
SIGNED WILL ADMINISCRY, DATE 11-7-77  (This space for Federal or State office use)  APPROVED BY	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.)*  Dr ld 1 % From 525' To 2790' TD. Ran 42" 10,54,  K-55 Cs9 Sof AT 2790'. CMTD W/100 SX LLLE-Walle  CMT = wl 2 % CACL 2 Followed W. Hy 100 SX Class  B CMT w. Hy 2 G CACL 2. Displand with 44 Bbls Frost  Walter, Plug Down AT 1:10 PM 11-6-77. Rel. Rig  1-6-77. WO COMP!. Rig.  Subsurface Safety Valve: Manu, and Type	
	SIGNED WHY. a. Bullefield TITLE ADMIN. SC	18V. DATE 11-7-77
		DATE

USG5-D472490 -5, G25 CO. N.M. EXXXX MTL,