UNITED STATES

3. ADDRESS OF OPERATOR P. O. Box 460, Hobbs, N.M. 88240 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) AT SURFACE: 1520 F54 8 1050 FE4 AT TOP PROD. INTERVAL: AT TOTAL DEPTH: 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: TEST WATER SHUT-OFF	13A 0. FIELD OR WILDCAT NAME BLANCO MESAVERDE 1. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SEC. 2, T-25N, R-4W 2. COUNTY OR PARISH 13. STATE RIO ARRIBA NM 4. API NO. 5. ELEVATIONS (SHOW DF, KDB, AND WD)
AT TOP PROD. INTERVAL: AT TOTAL DEPTH: 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL	2. COUNTY OR PARISH 13. STATE RIO ARRIBA NM 4. API NO.
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL TEST WATER APPROVAL TO: SUBSEQUENT REPORT OF:	S. ELEVATIONS (SHOW DF, KDB, AND WD)
PULL OR ALTER CASING	(NOTE: Report results of multiple completion or zone change on Form 9-330).
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state a including estimated date of starting any proposed work. If well is dire measured and true vertical depths for all markers and zones pertinent to Reached TD of 6310' on 6-28-80. 10.5# J-55 (sg., set @ 6300'. To long of the set of the	p of liner @ 4097, followed by 180 sx. the surface
Subsurface Safety Valve: Manu. and Type 18. I hereby certify that the foregoing is true and correct SIGNED WALL SUBJECT TITLE TITLE	Set @ Ft. Sor