

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use Form 9-331-C for such proposals.)

1. oil well ☐ gas well ☒ other

2. NAME OF OPERATOR
M. J. BRANNON

3. ADDRESS OF OPERATORC/o Walsh Engr. & Prod. Corp
P.O. Drawer 419, Farmington, N.M. 87499

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1120'FSL, 1810'FEL
AT TOP PROD. INTERVAL: Same
AT TOTAL DEPTH: Same

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>
(other) See Below	<input type="checkbox"/>

SUBSEQUENT REPORT OF:

□ □ □ □ □ □ □

REPORT OF:

RECEIVED

24 1963

NOTE

U. S. GEOLOGICAL SURVEY
FARMINGTON, N. M.

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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.)*

It is requested that the approved Application for Permit to Drill (APD), due to expire on July 13, 1983, be extended for an additional 6 month period.

extended to 1/13/89

RECEIVED

JUL 1 - 1931

011 000 000 000

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

FOR: M. J. BRANNON

18. I hereby certify that the foregoing is true and correct

ORIGINAL SIGNED BY

Walsh Engr. & Prod.

6/27/83

SIGNED Ewell N. Walsh TITLE President

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE _____

*See Instructions on Reverse Side

NMOCG