well

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL

PULL OR ALTER CASING

MULTIPLE COMPLETE CHANGE ZONES ABANDON\* (other)

Form Approved. Budget Bureau No. 42-R1424

## UNITED STATES 5. LEASE DEPARTMENT OF THE INTERIOR 6. IF INDIAN, ALLOTTEE OR TRIBE NAME GEOLOGICAL SURVEY 7. UNIT AGREEMENT NAME 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.) 8. FARM OR LEASE NAME 07000 gas well X other 2. NAME OF OPERATOR 10. FIELD OR WILDCAT NAME 3. ADDRESS OF OPERATOR N.M. 88240 460 11. SEC., T., R., M., OR BLK. AND SURVEY OR 4. LOCATION OF WELL (REPORT LOCATION CLEARLY, See space 17 AREA NL+ 790 FEL AT SURFACE: AT TOP PROD. INTERVAL: 5dm AT TOTAL DEPTH: 14. API NO. 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

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.)

SUBSEQUENT REPORT OF:

Drld 73 Hole from 506' TO 4600' T.D. Ron 42, 105 # 155 (59 50 + 24600', CM tol With 600 SK of class B' POZ with 6% 601. 2nd 125 SX of class B' CM with 2% CACL2, Plug down at 1:30 P.M. 4-4-78. Ron Tomp. Survey, Top of CM to 2+1175. Rolling at 3:30 P.M. 4-4-78, Shut-IN W.O. Compl. Rig.

OIL CON. COM.

15. ELEVATIONS (SHOW DF, KDB, AND WD)

(NOTE: Report results of multiple completion or zone

change on Form 9-330.)

Subsurface Safety Valve: Manu. and Type \_

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

TITLE HOMIN. SUPV. DATE 4-6

(This space for Federal or State office use)

APPROVED BY CONDITIONS OF APPROVAL, IF ANY:

DATE