REPAIR WELL

CHANGE ZONES ABANDON*

UNITED STATES DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY

REQUEST FOR APPROVAL TO: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE

PULL OR ALTER CASING MULTIPLE COMPLETE

m 9-331 Budget Bureau			
Department of the interior GEOLOGICAL SURVEY	5. LEASE SF 078893 6. IF INDIAN, ALLOTTEE OR TRIBE NAME NA		
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.)	7. UNIT AGREEMENT NAME ROSA 8. FARM OR LEASE NAME		
1. oil gas well other	NA 9. WELL NO. 84		
2. NAME OF OPERATOR MITCHELL ENERGY CORPORATION 3. ADDRESS OF OPERATOR 1670 Broadway, Suite 3200 Denver, CO 80202 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) AT SURFACE: 890' FNL & 1060' FEL AT TOP PROD. INTERVAL: same	10. FIELD OR WILDCAT NAME Basin Dakota 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 23-31N-4W 12. COUNTY OR PARISH Rio Arriba NM 14. API NO.		
AT TOTAL DEPTH: Same 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	15. ELEVATIONS (SHOW DF, KDB, AND WD 6841' GR		
THE WATER CHUT OFF			

(NOTE: Report results of multiple completion or zone

change on Form 9-330.)

(other) 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.)*

FARMINGFOR, N. M.

Reference is made to MMS Letters of December .22, 1981 and April 28, 1982: Location was inspected and approved on May 25, 1982 by Forest Service.



		DIST. 3		•
	(1 		Set @	Ft.
Subsurface Safety Valve: Manu. and				
18. I hereby certify that the foregoing	ng is true and correct			
1 your	TITLE Area P	rod Mgr DATE	5/28/ 82	
B.W. Fischer	(This space for Federa		111	
	(This space for redera			
APPROVED BY	TITLE	DAC	G EP+ED FO R RECOF	ID
CONDITIONS OF APPROVAL, IF ANY:				
			HIM 0 : 1092	

JUN 0: 1982

See Instructions on Reverse Side

NMOCC

FARMINGTON DISTRICT