PULL OR ALTER CASING MULTIPLE COMPLETE CHANGE ZONES ABANDON\*

(other)

## UNITED STATES DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY

Spud & set surface casin

Form 5-331	Form Approved Budget Bureau No. 42-R1424
UNITED STATES	5. LEASE
DEPARTMENT OF THE INTERIOR	NM 053822
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
SUNDRY NOTICES AND REPORTS ON WELLS	7. UNIT AGREEMENT NAME
(Do not use this form for proposals to drill or to deepen or plug back to a differe reservoir. Use Form 9-331—C for such proposals.)	8. FARM OR LEASE NAME
	Stribling
1. oil gas well other	9. WELL NO.
2. NAME OF OPERATOR	2
Robert L. Bayless	10. FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR	Basin Dakota
P.O. Box 1541, Farmington, NM 87499	11. SEC., T., R., M., OR BLK. AND SURVEY OR
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 1	AREA
below.)	Sec. 31, T31N, R13W  12. COUNTY OR PARISH 13. STATE
AT SURFACE.	San Juan NM
AT TOP PROD. INTERVAL: Same AT TOTAL DEPTH: same	14. API NO.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTIC	<b>- '</b> ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '
REPORT, OR OTHER DATA	15, ELEVATIONS (SHOW DF, KDB, AND WD)
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	N- 1
TEST WATER SHUT-OFF	
SHOOT OR ACIDIZE  REPAIR WELL  PULL OR ALTER CASING	(NOTE: Report results of multiple completion or zone SUN thange on Form 9–330.)
CHANGE ZONES	INGT AND THE

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.)\*

Spud well at 1:30 p.m. 3-8-83. Drilled 210' of 121" surface hole. 03-09-83 Ran 5 jts. of 8-5/8" 24#/ft. J-55 new surface pipe and set at 210' RKB. Rigged up Cementers Inc. Cemented surface pipe with 125 sx. Good circulation throughout job. of Class B cement w/2% CaCl2. Circulated cement to the surface. Plug down at 7:00 p.m. 3-8-83. WOC.

RECEIVE (1)

Subsurface Safety Valve: Manu. and Type	OIL COIL 3. Set @ Ft
18. I hereby certify that the foregoing is true and correct  SIGNED TITLE	Operator DATE 3-9-83
	ederal or State office use)
APPROVED BY TITLE CONDITIONS OF APPROVAL, IF ANY:	DATE

HOUSE IS FOR RECORD

\*See Instructions on Reverse Side

MAR 1 0 1993