Form 9-331 Dec. 1973

UNITED STATES

S. LEASE
NM-0175774 (PC-392)

| Form Approved. | | | |
|----------------|--------|-----|----------|
| Budget | Bureau | No. | 42-R1424 |

| DEPARTMENT OF THE INTERIOR | 141 01/5//4 (FC=392) |
|---|---|
| GEOLOGICAL SURVEY | 6. IF INDIAN, ALLOTTEE OR TRIBE 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 | 7. UNIT AGREEMENT NAME Plains Unit Federal |
| (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 |
| 1. oil gas other | 9. WELL NO. |
| 2. NAME OF OPERATOR | 4-Y |
| Dorchester Gas Corporation | 10. FIELD OR WILDCAT NAME |
| 3. ADDRESS OF OPERATOR P. O. Box 96, Hobbs, New Mexico 88240 | Lusk Strawn |
| 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA |
| below.) | 21-T19S-R32E |
| AT SURFACE: 710' FSL & 660' FWL | 12. COUNTY OR PARISH 13. STATE |
| AT TOP PROD. INTERVAL: | · · · · · · · · · · · · · · · · · · · |
| AT TOTAL DEPTH: | Lea New Mexico |
| 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, | 30-025-20518 |
| REPORT, OR OTHER DATA | 15. ELEVATIONS (SHOW DF, KDB, AND WD) |
| | 3589 RDB |
| REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: | |
| TEST WATER SHUT-OFF | |
| FRACTURE TREAT SHOOT OR ACIDIZE X JUN | 重 |
| REPAIR WELL | 法。分 (NOTE: Report results of multiple completion or zone |
| PULL OR ALTER CASING U.S. GEO | |
| MULTIPLE COMPLETE | |
| CHANGE ZONES ABANDON* | , <u>t</u> , |
| (other) | |
| 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state including estimated date of starting any proposed work. If well is different measured and true vertical depths for all markers and zones pertinent. Propose to pull tubing to remove restriction Perforate additional intervals as yet undetermined in the propose to run artificial lift. | irectionally drilled, give subsurface locations and it to this work.)* n of tools lost in 1965. ermined, acidize and test. |
| Subsurface Safety Valve: Manu. and Type 18. I hereby certify that the foregoing is true and correct SIGNED TITLE Dist. Engr. | - |
| SIGNED TITLE DISC. LINGT. | June 15, 1981 |
| (This space for Federal or State off | APPROVED |
| APPROVED BY TITLE CONDITIONS OF APPROVAL, IF ANY: | DATE |

*See Instructions on Reverse Side

JUN 2 4 1981

JAMES A. GILLHAM

DISTRICT SUPERVISOR