

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 *mineral well*

2. NAME OF OPERATOR
W. A. Beecher

3. ADDRESS OF OPERATOR
W. A. Beecher

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: *1300732 & 1300732*

AT TOP PROD. INTERVAL:

AT TOTAL DEPTH:

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

REQUEST FOR APPROVAL TO:

- TEST WATER SHUT-OFF
- FRACTURE TREAT
- SHOOT OR ACIDIZE
- REPAIR WELL
- PULL OR ALTER CASING
- MULTIPLE COMPLETE
- CHANGE ZONES
- ABANDON*

SUBSEQUENT REPORT OF:

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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.)*

COH 21/2" hole. Well was drilled by REP, 4 1/2" hole to 2 3/4" hole. Set @ 5415'. DR @ 3445'. Tool joint pipe joint complete. Set ref @ 3445'. Squeeze interval 3445' - 3450'. MAX squeeze pressure 4000 psi. Packed 10000 psi. Ref 4 1/2" hole. Squeeze interval 3445' - 3450'. MAX squeeze pressure 4000 psi. Packed 10000 psi. Ref 4 1/2" hole. Squeeze interval 3445' - 3450'. MAX squeeze pressure 4000 psi. Packed 10000 psi. Ref 4 1/2" hole. Squeeze interval 3445' - 3450'. MAX squeeze pressure 4000 psi. Packed 10000 psi.

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

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

SIGNED *W. A. Beecher* TITLE _____ DATE *5-28-82*

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE *9-9-86*

CONDITIONS OF APPROVAL, IF ANY:

5. LEASE *12-087-111-111*

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME *MCH Unit*

8. FARM OR LEASE NAME *MCH Unit*

9. WELL NO. *111*

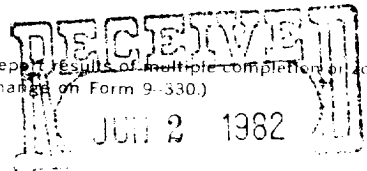
10. FIELD OR WILDCAT NAME *W. A. Beecher (COH)*

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA *Sec 24, T. 13 N., R. 10 E.*

12. COUNTY OR PARISH 13. STATE *Lin. N.M.*

14. API NO.

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



(NOTE: Report results of multiple completions on one change on Form 9-330.)

*See Instructions on Reverse Side

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