UNITED STATES DEPARTMENT OF THE INTERIOR

5. LEASE NM 011639

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 different reservoir, Use Form 9–331–C for such proposals.)	8. FARM OR LEASE NAME
1. oil gas K other	Grevey
well Well W other	9. WELL NO.
2. NAME OF OPERATOR	#2 10. FIELD OR WILDCAT NAME
CURTIS J. LITTLE	Ballard-Pictured Cliffs
3. ADDRESS OF OPERATOR P.O.Box 2487 Farmington, NM 87401	11. SEC., T., R., M., OR BLK. AND SURVEY OR
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	AREA
below.)	Sec. 4-T25N-R7W
AT SURFACE: 890'FSL & 1620'FEL	12. COUNTY OR PARISH 13. STATE
AT TOP PROD. INTERVAL: AT TOTAL DEPTH: Same	Rio Arriba N.M.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	14. API NO. 30-039-22788
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)
·	6334 'G. L.
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) 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state)	CNOTE: Report results of multiple position or zone change on Forth 9-330 CON. CON. N. M. DIST. 3
SPUD 6:00 pm 9-13-81. Drilled 9-7/8" how come construction of the starting any proposed work. If well is dependent of the starting any proposed work. If well is dependent of the starting any proposed work. If well is dependent on the starting any proposed work. If well is dependent on the starting any proposed work. If well is dependent on the starting any proposed work. If well is dependent on the starting any proposed work. If well is dependent on the starting any proposed work. If well is dependent on the starting any proposed work. If well is dependent on the starting any proposed work. If well is dependent on the starting any proposed work. If well is dependent on the starting any proposed work. If well is dependent on the starting any proposed work. If well is dependent on the starting and propose	irectionally drilled, give subsurface locations and it to this work.)* le to 116'. Ran 3 joints 7'' ated. Plugged down 9:00 pm.
Subsurface Safety Valve: Manu. and Type	Set @ F1

(This space for Federal or State office use)

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

DATE ____

Operator DATE 9-18-81

EP: () To

SEP 2 5 1981

*See Instructions on Reverse Side

by_____Smm

_____TITLE _