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LINITED STATES

OMILE SIMILE	5. LEASE
DEPARTMENT OF THE INTERIOR	SF-078384
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 reservoir. Use Form 9–331–C for such proposals.)	7. UNIT AGREEMENT NAME
reservoir, use form 9-331-C for such proposals.)	8. FARM OR LEASE NAME
1. oil gas 🖎 other	Newsom B
Well - Well Galler	9. WELL NO.
2. NAME OF OPERATOR	19
John H. Hill and Gordon L. Llewellyn	10. FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR Suite 140 Campbell Centre	Ballard Pictured Cliffs
8350 N. Central Expressway Dallas, Tx 75206	11. SEC., T., R., M., OR BLK. AND SURVEY OR
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	AREA
below.) AT SURFACE: 790' FSL, 790' FEL Sec. 8	SE/4 Sec. 8 T-26N R-8W NMPM
	12. COUNTY OR PARISH 13. STATE
AT TOTAL DEDTIL	San Juan New Mexico
pame	14. API NO.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA	
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	6420' GL 6430' KB
TEST WATER SHUT-OFF	(NOTE: Report results of multiple completion or zone
PULL OR ALTER CASING	change on Form 9-330.)
MULTIPLE COMPLETE U. S. CLOLOGI CHANGE ZONES U. FARIMING!	SM N M
ABANDON*	
(other)	
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17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly statincluding estimated date of starting any proposed work. If well is d measured and true vertical depths for all markers and zones pertiner	irectionally drilled, give subsurface locations and
Spudded 11" hole @ 2:30 PM 12-21-79, drilled to N-80 LT&C casing, set @ 210' KB. Cemented w/and 3% CaCl. PD @ 9:45 PM 12-21-79, cement casing and BOP to 1000# for 15 min, held OK.	140 sks Class B, 1/4# flocele/sk
Drilled 6 3/4" hole to 2410', ran IES log. Ran ne 2410', cemented w/125 sks 65-35 posmix, 12% gsks 50-50 posmix, 6 1/4# gilsonite and 6# salt/sApproximate top of cement 900'. WOC.	el, 6 1/4# gilsonite/sk and 125
Subsurface Safety Valve: Manu. and Type	6
Subsurface Safety Valve: Manu. and Type	Set @ Ft.

18. I hereby certify that the foregoing is true and correct TITLE Superintendent (This space for Federal or State office use) DATE NMOCC' *See Instructions on Reverse Side