Form 9-331 (May 1963)	UNITED STATES SUBMIT IN TRIPLI DEPARTMENT OF THE INTERIOR (Other instructions verse side)			Form approved. Budget Bureau No. 42-R1424. 5. LEASE DESIGNATION AND SERIAL NO.
		OLOGICAL SURVEY	/[/ verse mue)	L. C. 063659
CII		Λ .		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 plus back to a deepen treservoir. Use "APPLICATION FOR PERMIT—" for such proposals.)				POTE NO. 10 POTE N
OIL GAS	L X OTHER			7. UNIX AGRESMENT NAME
2. NAME OF OPERATOR				8. FARM OR LEASE NAME
Ralph S. Cooley				Gandy "59"
3. ADDRESS OF OPERATOR D. O. Boy 254 Midland Toyon				9. WELL-NO.
P. O. Box 254, Midla nd, Texa s 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*				10. FIELD AND POOL OF WILDCAT
See also space 17 below.) At surface 1980' from North line and 660' from West line,				Sawyer San Andres Gas
Section 28, T9S, R38E, Lea County, New Mexico				11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
				Sec. 28, T9S, R38E,
14. PERMIT NO.	·····	15. ELEVATIONS (Show whether DF, R	N. M. P. M. 12. COUNTY OR PARISH 13. STATE	
		39 33 GR	, , , , , , , ,	Lea New Mexico
16.	Chask Ann	roprieto Roy To Indicato Ne	turn of Notice Parent or C	Jahon Data 9 E Control
Check Appropriate box to marcule regione of record, or Other Daid				
				។ ខ្នុង គឺ គឺ គឺគឺគឺ គឺ។
TEST WATER SHU: FRACTURE TREAT		LL OR ALTER CASING	WATER SHUT-OFF FRACTURE TREATMENT	ALTERING CASING
SHOOT OR ACIDIZE	AB.	ANDON*	SHOOTING OR ACIDIZING	ABANDONMENT®
REPAIR WELL	СН	ANGE PLANS		ess-Setting 4-1/21 casing.
(Other)	OR COMPLETED OPEN	grove (Clearly state all parties	Completion or Recompl	etion Report and Log form.)
proposed work. nent to this work	II well is directions	lly drilled, give subsurface location	details, and give pertinent dates, us and measured and true vertice	including estimated date of starting any all depths for all markers and zones perti-
Drilled to	5025'. Ran	5025' RT, 4-1/2" sacks regular with	11.6# new casing.	Cemented 600 sack si
				9/7/65. Ran Lan e
		utron after testing 4		
		rate 10 shots from 4		
4950'. T	reated with	500 gallons mud acid	d and $6,000$ gallons	Unisol. Swab back
and test.				
				Helion Thorner
				993
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18. I hereby certify th	at the foregoing is t	rue and correct		
SIGNED	9/1Vacco	TITLE Ope	era tor	September 8, 1965
(This space for Fe	deral or State office	use)		
APPROVED BY _	ADDDOUGH TO ASSE	TITLE		_ABAROVED
CONDITIONS OF	APPROVAL, IF AN	. :		
				S관립의 1 등 Hook

*See Instructions on Reverse Side

J. L. GORDON ACTING DISTRICT ENGINEER

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