Form 9-331 (May 1963)

## UN ED STATES SUBMIT IN TRIPLE Budget B EPARTMENT OF THE INTERIOR (Other instruction re SUBMIT IN TRIPLE TE: Budget B 5. Lease Designat

Form approved.

Budget Eureau No. 42-R1424.

LEASE DESIGNATION AND SERIAL NO.

(May 1963)	DEPART	MENT OF THE INTER	IOR (Other instruction re	5. LEASE DESIGNATION AND SERIAL NO.
		GEOLOGICAL SURVEY		LC 063427
	SUNDRY NO	6. IF INDIAN, ALLOTTEE OR TRIBE NAME		
	GAS OTHER	7. UNIT AGREEMENT NAME		
2. NAME OF OPERA		8. FARM OR LEASE NAME		
	tic Richfie	Carruth WN Federal		
3. ADDRESS OF OP		9. WELL NO.		
P. O. Box 1978, Roswell, New Mexico 88201  4. Location of well (Report location clearly and in accordance with any State requirements.*  See also space 17 below.) At surface  1650' FSL & 1980' FEL (Unit Letter J)				10. FIELD AND POOL, OR WILDCAT
				Sawyer-San Andres
				11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
				Sec. 25, T9S, R37E
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.)		12. COUNTY OR PARISH 13. STATE
		3955' GR		Lea N.M.
16.	Check A	appropriate Box To Indicate I	Nature of Notice, Report, or (	Other Data
	NOTICE OF INTE			UENT EMPORT OF:
		PULL OR ALTER CASING		
TEST WATER S	<u> </u>	MULTIPLE COMPLETE	WATER SHUT-OFF FRACTURE TREATMENT	REPAIRING WELL  ALTERING CASING
SHOOT OR ACI	[ <del></del> ]	ABANDON*	SHOOTING OR ACIDIZING	ABANDONMENT* X
REPAIR WELL		CHANGE PLANS	(Other)	
(Other)			(Note: Report results Completion or Recomp	s of multiple completion on Well pletion Report and Log form.)
17. DESCRIBE PROPE proposed we nent to this	ork. If well is direct	ERATIONS (Clearly state all pertine ionally drilled, give subsurface locally drilled, give subsurface locally drilled, give subsurface locally drilled.	nt details, and give pertinent dates ations and measured and true vertice.	, including estimated date of starting any cal depths for all markers and zones perti-
-			tbg @ 1800# @ 2.5	_
35 s	k cement p	lug 4950-3934'; l	2 sk cement plug 2	2300-1962';
	_	_	Used gel mud cont	
			plugs. Well P &	
7-5/	8" surface	casing @ 414' and	d 2-7/8" 6.5# casi	ing set at 5038'
rema	in intact.			
				원흥분확인 그런 관광원회
				화장생물이 나는 얼굴병원
				원생회원 등 그리는 함께 의용하다
Your	office wi	ll be notified who	en location is rea	dy for inspection.
				Section (Section )
				සුම්ප්රීම්බ දනු බවලා ජවදාලම සිදු සුදුම්බදා
				A Form
				원회 <b>통일</b> 일 교통 일립한성
18. I hereby certif	y that the foregoing	is true and correct		
signed	1 Sacto	//	ist. Drlg. Supervi	sor DATE 2/7/73
(This space fo	r Federal or State of	fice use)		BARA BARATAR
A DED AVER T	v	MIME IN	TADO	of any amp
APPROVED B CONDITIONS	OF APPROVAL, IF	ANY:	1074	DATE

\*See Instructions on Reverse Side T NOINE