|  | NM Oil Cons. Commission<br>Drawer DD  | · ·   |  |  |  |
|--|---|---|--|--|--|
| Form 9-331   | Artesia, NM 88 RECEIVED   |   |  |  |  |
| Dec. 1973  |   | Form Approved.  |  |  |  |
|  | TED STATES  | Budget Bureau No. 42-R1424<br>5. LEASE                |  |  |  |
| DEPARTMEN  | IT OF THE INTERIONOV 10 '87   |   |  |  |  |
|  | GICAL SURVEY  | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME                  |  |  |  |
|  | <del>О. С. Д.</del>   | - A REAL PRESENTED ON THISE NAME                      |  |  |  |
| SUNDRY NOTICES<br>(Do not use this form for proposals<br>reservoir. Use Form 9-331-C for suc | AND REPORTS ATTANK ELFLCS<br>to drill or to deepen or plug back to a different  | 7. UNIT AGREEMENT NAME                                |  |  |  |
| 1. oil gas   |   | 8. FARM OR LEASE NAME                                 |  |  |  |
| well well KX other   |   | Blakemore Federal<br>9. WELL NO.                      |  |  |  |
| 2. NAME OF OPERATOR  |   | 1   |  |  |  |
| Alpha Twenty-One 1   | Production Company (  | 10. FIELD OR WILDCAT NAME                             |  |  |  |
| 3. ADDRESS OF OPERATOR   |   | South Pecos Slope," Bitter Lakes                      |  |  |  |
| P.O.Box 1206 Ja1,  | New Mexico 88252  | 11. SEC., T., R., M., OR BLK. AND SURVEY OR           |  |  |  |
| <ol> <li>LOCATION OF WELL (REP<br/>below.)</li> </ol>  | ORT LOCATION CLEARLY. See space 17  | AREA  |  |  |  |
| AT SURFACE: 660 FNL  |   | 209s26e   |  |  |  |
| AT TOP PROD. INTERVAL: Same  |   | 12. COUNTY OR PARISH 13. STATE                        |  |  |  |
| AT TOTAL DEPTH:  | Same  | Lhaves N.M.   |  |  |  |
| 16. CHECK APPROPRIATE BC   | X TO INDICATE NATURE OF NOTICE,   | 1   |  |  |  |
| REPORT, OR OTHER DAT   | A   | 30_005_60586<br>15. ELEVATIONS (SHOW DF, KDB, AND WD) |  |  |  |
| REQUEST FOR APPROVAL TO  |   | 3744 GL 3757 KB                                       |  |  |  |
| TEST WATER SHUT-OFF  | SUBSEQUENT REPORT OF  | 0101 IL   |  |  |  |
| RACTURE TREAT  |   |   |  |  |  |
| SHOOT OR ACIDIZE   |   |   |  |  |  |
| PULL OR ALTER CASING   |   | (NOTE: Report results of multiple completion or zone  |  |  |  |
| MULTIPLE COMPLETE  |   | change on Form 9-330.)                                |  |  |  |
| CHANGE ZONES   |   | Change on Form 9-330.)                                |  |  |  |
| ABANDON*   | ध्यः (3   |   |  |  |  |
| (other) Downhole comming   | Ile the Abo \   |   |  |  |  |
| 17. DESCRIBE PROPOSED OR<br>including estimated date of<br>measured and true vertical        | COMPLETED OPERATIONS (Clearly state<br>of starting any proposed work. If well is d<br>depths for all markers and zones pertinen | all pertinent details, and give pertinent dates,      |  |  |  |
| 10-15-87   |   | 1 the well, and pull                                  |  |  |  |
|  | the packer from the hole.<br>to 5322 ft. Start swabbing   | kun tubing open ended                                 |  |  |  |
| 10-16-87   | Resume swabbing. Swab a to  | tal of 44 bble and                                    |  |  |  |
|  | kicked the well off. Flowe  | d to a tank to clean                                  |  |  |  |
|  | it up.  |   |  |  |  |
|  | DHC No. 663   |   |  |  |  |
|  |   |   |  |  |  |
| Subsurface Safety Valve: Manu.   | and Type  | Set @ Ft.   |  |  |  |
|  |   |   |  |  |  |
| 18. Thereby certify that the form  | egoing is true and correct  |   |  |  |  |
| SIGNED IIUte CAR   | Kond TITLE Production Cu  | pt. DATE 10-20-87                                     |  |  |  |

|  | (This space for Federal or State office use) |      | ALCEP O REAL    |    |
|--|--|------|-----------------|----|
| APPROVED BY<br>CONDITIONS OF APPROVAL, IF ANY: | TITLE  | DATE | FILE W. CHESTER |    |
|  |  |      | NOV 9 MON       | 1. |