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TARM OR LEASE NAME	O. C. D.

A CONTRACTOR OF THE PARTY OF TH	-1
8. FARM OR LEASE NAME	ţ
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9. WELL NO.	سيسيا

O. C. D. ARTESIA, OFFICE

GEOLOGIONE	
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.)	
1. oil gas W other	
2. NAME OF OPERATOR  Detroleum Corporation	
yates Petroperator  3. ADDRESS OF OPERATOR  207 S. 4th, Artesia, New Mexico  207 S. 4th, Report Location CLEARLY. See space 1	7
3. ADDRESS OF OPERATOR  207 S. 4th, Artesia, New Mexico  207 S. 4t	

4. LOCATION OF WELL (REPORT LOCATION CLEARLY, See space 17

AT SURFACE: 1980' FSL and 1980' FEL AT TOP PROD. INTERVAL:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,

10. FIELD OR WILDCAT NAME Undes. Pecos Slope Abo

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 34-T7S-R26E 12. COUNTY OR PARISH 13. STATE MM Chaves 14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD) 3788.7' GL

REPORT, OR OTHER DATA SUBSEQUENT REPORT OF: 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)

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled give subsurface locations and DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Amend surface use plan to include a 2 to 2 1/2" gas gathering line from the well, due east to a meterhouse set at an existing We request that this line be laid on the surface. TW pipeline.

MAP ATTACHED.

Set @ nederle, we wanted Subsurface Safety Valve: Manu. and Type DATE 10/31/83

18. I hereby certify that the foregoing is true and correct Yhlbeus ATLE Regulatory (This space for Federal or State office use)

CONDITIONS OF APPROVAL, IF ANY:

NOV

