| | UN D STATES MMOCCO | Budget Bureau No. 42-R1424 | |
|---------------------|--|--|--|
| | | 1 | |
| | DEPARTMENT OF THE INTERIOR | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME | |
| | GEOLOGICAL SUMPORIVED | O. II INDIAN, ACCOUNTED ON TRIBE NAME | |
| - | SUNDRY NOTICES ANDRE PORTE HE BELLS | 7. UNIT AGREEMENT NAME | |
| (De | n not like this form for proposals to ordi or to deepen often and an addition of the | | |
| res | servoir. Use Form 9-331-C for such property (1997) 10 10 10 10 10 10 10 10 10 10 10 10 10 | 8. FARM OR LEASE NAME | |
| 1 | oil gas well other SEP 07 1983 | U.S. Federal 6 (2) | |
| | NAME OF OPERATOR O. C. D. | 1 | |
| - | Flag-Redfern Oil Company ARTESIA, OFFICE | 10. FIELD OR WILDCAT NAME | |
| 3 | A. ADDRESS OF OPERATOR | Pecos Slope Abo (Gas) | |
| _ | P.O. Box 11050 Midland, Texas 79702 | 11. SEC., T., R., M., OR BLK. AND SURVEY OR | |
| 4 | LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 | AREA Sec. 6 T-5-S R-25-E | |
| | below.) AT SURFACE: 660' FSL and 1980' FEL | 12. COUNTY OR PARISH 13. STATE | |
| | AT TOP PROD. INTERVAL: | Chaves NM | |
| | AT TOTAL DEPTH: | 14. API NO. | |
| 16 | CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, | | |
| | REPORT, OR OTHER DATA | 15. ELEVATIONS (SHOW DF, KDB. AND WD) 3855%GR, 3865 DF, 3855 KDB | |
| RE | QUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: | 3035,000, 3003 21, 3033 123 | |
| TEST WATER SHUT-OFF | | | |
| | FRACTURE TREAT | | |
| | HOOT OR ACIDIZE | (NOTE: Report results of multiple completion or zone | |
| | JLL OR ALTER CASING | change on Form 9-330.) | |
| | ULTIPLE COMPLETE | | |
| | HANGE ZONES | | |
| | ther) Surface Casing | • | |
| | 7. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly sta | to all portinent details and give pertinent dates | |
| 1 | including estimated date of starting any proposed work. If well is of measured and true vertical depths for all markers and zones pertine | directionally drilled, give subsurface locations and | |
| (n= 05 | Ran 31 Jts 13 3/8" 54.5 lbs/ft H-40 STC casi | ng and set 0 903' Cemented with | |
| 5-05-83 | 850 sx Halliburton Lt. with 1/4 lb Flocele a | | |
| | "C" with 2% CaCl. Circulated 100 sx cement. | | |
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| | | | |
| | | | |
| s | ubsurface Safety Valve: Manu. and Type | Set @ Ft. | |
| 1 | 8. I hereby certify that the foregoing is true and correct | | |
| c. | IGNED TITLE Engineer | 6-20-83 | |
| - | | | |
| | (This space for Federal or State office use) | | |
| | PPROVED BY | DATE | |
| C | GHERRORE OF THE NOTICE OF THE STATE OF THE S | | |

ACCEPTED FOR RECORD

SEP 6 1983

*See Instructions on Reverse Side