	F	NM OTT COM				C/SF
Form 9-331		NM OIL CONS. Drawer DD	. COMMIS N	Form Approv		/=/
Dec. 1973	UNITED STATES	Artesia, NM	5. LEASE	Budget Burea	u No. 42-R1424	
DEF	PARTMENT OF THE INTERIC	R	NM-11596			
	GEOLOGICAL SURVEY		6. IF INDIAN, ALI	LOTTEE OR TR		
					RECEIVED BY	
	OTICES AND REPORTS (or proposals to drill or to deepen or plu		7. UNIT AGREEM	IENT NAME		
reservoir. Use Form 9–3	31-C for such proposals.)	g back to a different	8. FARM OR LEAS	SE NAME	- OCT 2 1 1983	1
1. oil ga			PJ Com Fede	eral Com	, 	
2. NAME OF OPE	RATOR	<u></u>	9. WELL NO.		ARTESIA, OFFICE	
	Dil Corporation		10. FIELD OR WILL	DCAT NAME	ecos Stope	
3. ADDRESS OF OPERATOR P.O. Drawer 730, Roswell, NM 88202			South Bitte			
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17			11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA			
below.) AT_SURFACE:	660' FNL & 660' FWL		<u>Sec. 11-T9S</u>			
AT TOP PROD.	INTERVAL:		12. COUNTY OR P Chaves		TATE M	
AT TOTAL DEPI			14. API NO.	11	<u>1,1</u>	
REPORT, OR O	PRIATE BOX TO INDICATE NATU THER DATA	IRE OF NOTICE,		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
			15. ELEVATIONS (3529' G.L.	SHOW DF, K	DB, AND WD)	
REQUEST FOR APP TEST WATER SHUT		REPORT OF:		· · · · · · · · · · · · · · · · · · ·	OF LAND M	a.
FRACTURE TREAT SHOOT OR ACIDIZE				·	AS RELEVE	N MAR
REPAIR WELL			(NOTE: Report result		a succirli	
PULL OR ALTER CA MULTIPLE COMPLET			change on F	orm 9–330.)	OCT 20 198	, =
CHANGE ZONES			· .	1 - N	100,	°
ABANDON* (other) Casing	g&Cement			l I	Br. DIST. 6 N. M.	
				. <u> </u>	N WA	TICS .
	POSED OR COMPLETED OPERATIOn ted date of starting any proposed ue vertical depths for all markers a			s, and give pe ve subsurface	Iocations and	~
incustred and t	de vertical depths for all markers a	ind zones pertinent	to this work.)*			
10/15/83:	brilled to 13001 with 7	7 /01 + • •				
	Prilled to 4300' with 7 XXO Logs. Ran 4216' of With 350 sx Class "C"	4=*				
		0U/DU POZ miy	k with additio	ves. Plua	mented I down	
d	t 1:00 a.m. 10/17/83.	Release rig.				
_	lve: Manu. and Type			_ Set @	Ft.	
18. I hereby certify th	hat the foregoing is true and correct					
SIGNED Parl	Kagdale TITLE OP	erations Man	ager _{DATE} 10/1	9/83	· · · · · · · · · · · · · · · · · · ·	
	(This space for	Federal or State offic	e use)		<u> </u>	
APPROVED BY	DVAL, IF ANY:		DATE		· · ·	
				ACCEP	TED FOR RECORD)
			5-1-			
	ie	(OCT 201983			
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