Form 9–331 Dec. 1973		NN OIL CONS.		31	Form Approved. Budget Bureau No	CJSF 0. 42-R1424
	UNITED STA	TESDrawer DD Artesia, NM	88210	5. LEASE	······	·
	DEPARTMENT OF TH	IE INTERIOR		NM-2349	2	
	GEOLOGICAL S	URVEY			ALLOTTEE OR TRIBE	NAME
(Do not use this	NOTICES AND RI	deepen or plug back to a		7. UNIT AGRI	EEMENT NAME	
reservoir. Use For	rm 9–331–C for such proposals.)	)		8. FARM OR I	LEASE NAME	
1. oil well 🕅	gas 🗍		-	Gragg	ed	· · · · · · · · · · · · · · · · · · ·
	well other			9. WELL NO.		
2. NAME OF		$\checkmark$	-		WILDCAT NAME	
3. ADDRESS	lan Oil Corporatio	ŋ			- Walfram	. 1
	rawer 730, Roswell	NM 88201	~		., M., OR BLK. AND S	
4. LOCATION below.)	OF WELL (REPORT LOCA	TION CLEARLY. See sp	bace 17	AREA	-T15S-R19E	
AT SURFA		880' FEL 💦 🔬	5		R PARISH 13. STAT	Ĕ
AT TOP P AT TOTAL	ROD. INTERVAL:	L. S.		Chaves	NM	
		······································		14. API NO.		
	PROPRIATE BOX TO IND OR OTHER DATA	DICATE NATURE OF N		NA		
REFORT,	OR OTHER DATA		1		NS (SHOW DF, KDB,	AND WD)
REQUEST FOR	APPROVAL TO: S	UBSEQUENT REPORT	DF	<u>5018' G.</u>	.L	
TEST WATER	_		IG/E	<b>MUPER</b>	)	
FRACTURE TR				► V [8][1]		
SHOOT OR AC						
PULL OR ALT			MAY 6		esults of multiple comple on Form 9–330.)	etion or zone
MULTIPLE CO				1983 change		
CHANGE ZONE	ES 🗌		OHL &	682		
ABANDON*						
(other) (	hange Proposed De	pth `AOSI	WELL, NEW	N MELLIN		
including	PROPOSED OR COMPLET estimated date of starting and true vertical depths for	TED OPERATIONS (Clear any proposed work. If	arly state well is dir	all pertinent de ectionally drilled	etails, and give pertind, give subsurface loc	nent dates, ations and
mediculeu			pertinent		RECEIVED	•
Request	change of propos	ed depth from <u>3</u>	<u>900'</u> to	<u>5900'</u> .	MAY 25 198	3
					O. C. D.	
					ARTESIA, OFFICE	
						:
Subsurface Sa	fety Valve: Manu. and Type				Set @	Ft.
18. I hereby co	ertify that the foregoing is tr	rue and correct				
SIGNED M	ar & ME Clellan	<u>title</u> <u>Geolog</u>	ist	DATE	5/5/83	
	APPROVED	(This shace for Federal or	r State offic	e ((se)	······	
	(ORIG. SGD.) DAVI	DR. GLASS		A		
APPROVED BY _ CONDITIONS OF	APPROVAL IF ANY:	IITLE		DATE		
	MAY 2 4 1983	144				
	For famera. Bill	than				
	or ocyanow with					
	ACTING DISTRUCT MANAGER	*See Instructions on	Reverse Si	de		

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