Form 9-331 (May 1963)

N.M.O.C.D. COPY **ED STATES** UŃ DEPARTMENT OF THE INTERIOR (Other in verse side)

SUBMIT IN TRIP Instruction.

TE*

Form approved. Budget Bureau No. 42-R1424. 5. LEASE DESIGNATION AND SERIAL NO.

Davis Fed LC 068677 6. IF INDIAN, ALLOTTEE OR TRIBE NAME

SE	OLO	GICAL	SURV	ΕY	

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 "APPLICATION FOR PERMIT—" for such proposals)

N	FOR	PERMI	Γ—'' f	or	such	Dr	pφ	sals.)	E	Ŧ	M		-	
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2. NAME OF OPERATOR Delmer W. Berry

AUG 27 1979

Artesia, NM 88210

LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)
At surface 1503 Sears

Davis Fed 9. WELL NO. 10. FIELD AND POOL, OR WILDCAT

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

High Lonesome Queen 11. SEC., T., R., M., OR BLK. AND

15 165 29E Unit letter F

Eddy

12. COUNTY OR PARISH | 13. STATE MM

1980 FNL & 1980 FWL

OTHER

14. PERMIT NO.

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACHDIZE

16.

OIL GAS WELL

3. ADDRESS OF OPERATOR

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO: PULL OR ALTER CASING MULTIPLE COMPLETE ABANDON*

SUBSEQUENT REPORT OF: REPAIRING WELL WATER SHUT-OFF ALTERING CASING FRACTURE TREATMENT ABANDONMENT* SHOOTING OR ACIDIZING

CHANGE PLANS REPAIR WELL (Other) reactivate well 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give proposed work, If well is directionally drilled, give subsurface locations and measured nent to this work.) *

(Note: Report results of multiple completion on Wel Completion or Recompletion Report and Log form.) including estimated date of starting any al depths for all markers and zones perti-

Rig up pulling unit.

Run tbg and rods.

Install production equipment.

Place well on production.

RECEIL VE 1979

WARTESHA WEN WENCO

U. S. CEOLOGICAL SURVEY ROSWELL, NEW MEXION

18. I hereby certify that the foregoing is true and correct

Bookkeeper 10000 TITLE

(This space for Federal or State office use)

APPROVED BY Odg. Sad.) ALBERT R. STALL

ACTING DISTRICT ENGINEER DATE

CONDITIONS OF APPROVAL, IF ANY:

TITLE .