			Drawer DD				C/SF
Form 9-331 (May 1963)		UNITED STATES MENT OF THE I GEOLOGICAL SUR	NTERIOR	SUBMIT IN TRIPLA	re5	LC - 06867	d. u No. 42-R1424. and berial No. 7
(Do not use	this form for property USe "APPLIC	Sals to drill or to deepen ATION FOR PERMIT-"	or plug back for such propos	WELLS to a different reservoir. als.)	0	. IF INDIAN, ALLOTTEE	UR TRIBE NAME
1. OIL GA WELL W		Water Injecti	on	RECEIVED BY	7	. UNIT AGREEMENT NA	ME
2. NAME OF OPERATOR Aceco Petroleum Company				NOV 27 1985		8. FARM OR LEASE NAME Davis Federal	
3. ADDRESS OF OPE 2106 W. R	ichev. Artes	ia, New Mexico	88210	O. C. D. ARTESIA, OFFICE		WELL NO. #1] O. FIELD AND POOL. OF	WILDCAT
 4. LOCATION OF WELL (Report location clearly and in accordance with any Sets acquires to a space 17 below.) At surface I310'FNL 2630'EEL Sec. 15-T16S-R29E 					1	High Lonesome Oueen 11. BEC., T., B., M., OR BLK. AND SUBVEY OR ABEA	
FEL 7 is right)						<u>Sec. 15-T1</u>	
14. PERMIT NO.		15. REEVATIONS (Show 3707'	whether DF, RT,	GR, etc.)		2. COUNTY OF PARISH Eddy	New Mexico
 16.	Check A	ppropriate Box To In	dicate Natu	re of Notice, Report, (
TEST WATER S FRACTUBE TBEA SHOOT OR ACID REPAIR WELL (Other)	IT	PULL OR ALTER CASING MULTIPLE COMPLETE ABANDON® CHANGE PLANS		WATER SHUT-OFF FRACTURE TREATMENT SHOOTING OR ACIDIZING (Other) (NOTE: Report re Completion or Rec	esults of completi	T REPORT OF: REPAIRING V ALTERING CA ABANDONMEN multiple completion on Report and Log for	ISING
17. DESCRIBE PROPO proposed wou nent to this w	•k. If well is direct	ERATIONS (Clearly state al cionally drilled, give subsu	ll pertinent de <mark>rface locati</mark> ons	tails, and give pertinent d and measured and true vo	ertical (cluding estimated dat depths for all markers	e of starting any and zones perti-

Plan to run 2 3/8" tubing and set packer to pressure up casing and test weil on November 18, 1985. Plan to repair and test well to attempt to change to producing status. If well is evaluated as being capable of producing oil in commercial quantities, then the necessary equipment will be set and paper work will be completed. However, if well is evaluated as not being repairable, then well will be plugged according to regulations and a dry hole marker will then be set.

1.4

18. I hereby certify that the foregoing is tr SIGNED Hand W out	ue and correct Owner	DATE 11-13-85
(This space for Federal or State office u APPROVED BY). D. M. K.M. CONDITIONS OF APPROVAL, IF ANY	OCh-ACUNY TITLE	date26-85
Subject to Like Approval by State	*See Instructions on Reverse Side	