Form 3-331 Dec. 1973 NN OIL CONS. COMMISS	SION Form Approved. C Budge: Burbau No 42-R1424
KECEIVED BY DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY	B. LEASE LE DE NM-046615 6. IF INDIAN, ALLOTTEE OR TRIBE NAME
MAR 21 1985	7. UNIT AGREEMENT NAME
ARTESI we this for for proposals to drill or to deepen or plug back to a different ARTESI ARTESI A Get Form-331-C for such proposals.)	8. FARM OR LEASE NAME West Henshaw Premier Unit Tract 1.
<b>2.</b> NAME OF OPERATOR MODIL Producing TX & NM Inc.	9. WELL NO. 1 10. FIELD OR WILDGAT NAME
<ul> <li>3. ADDRESS OF OPERATOR</li> <li>9 Greenway P1-Ste 2700, Houston, TX 77046</li> <li>4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17</li> </ul>	Henshaw-Grayburg, West 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
4. LOCATION OF WELL (REPORT LOCATION SELENCE: OF OPEN AT SURFACE: 660 FWL & 3300 FSL AT TOP PROD. INTERVAL: Same as surface AT TOTAL DEPTH: Same as surface	Sec. 4, T16S, R30E 12. COUNTY OF PARISH' 13. STATE Eddy New Mexico
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA	14. API ND. 15. ELEVATIONS (SHOW DF, KDB, AND WD) 3849 DF
REQUEST FOR APPROVAL TO:       SUBSEQUENT REPORT OF:         TEST WATER SHUT-OFF       Image: Constraint of the state of the	(NDTE: Report results of multiple completion or zone change on Form 9-330.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

This well was shut in 1-23-84.

Request one year extension of authority to retain this well in a temporarily abandoned state pending P & A.

APPROVED FOR 12 MONTH PERIOD

ENDING 3/15/84

Subsurface Safety Valve: Mai	nu. and Type	Set @	Ft.
38. I hereby certify that the I BIGNED MANCY	Toregoing is true and correct XUUD TITLE Authorized Agent DATE	3-11-85	_
	(This space for Federal or State office use) Attach in State office use) TITLE DARLSDAD Incontaine wat DATE	320-55	
CONDITIONS OF APPROVAL. IF ANY.	* ANY. *Boo Instructions on Reverse Side	Calient to Libe Afirivel by State	
			4