|  |   | : 4: ¥                                   |   |   |  |
|--|---|--|---|---|--|
| Form 9-331                               | L TED STATE   | S SUBMIT IN TR                           | CATE• Form  | approved.<br>et Bureau No. 42–R142-   |  |
| (May 1963)                               | DEPARTMENT OF THE   | INTERIOR (Other instruction              |   | GNATION AND SERIAL NO.  |  |
|  |   | <b>a</b>                                 | 12-05   | 0158  |  |
|  | GEOLOGICAL SUF  | RVEY (OFY                                |   | ALLOTTEE OR TRIBE NAME  |  |
| CUN                                      | DRY NOTICES AND REP   | ORTS ON WELLS                            | 0. IF INDIAN, 7                                     | IDDOTTED ON THISS AND   |  |
| (Do not use this                         | form for proposals to drill or to deepe                                 | n or plug back to a different reservoir. |   |   |  |
| (Do not use this                         | form for proposals to drill or to deepe<br>Use "APPLICATION FOR PERMIT" | for such proposals.)                     |   |   |  |
|  |   |  | 7. UNIT AGREE                                       | MENT NAME   |  |
| OIL GAS WELL                             | OTHER   |  |   |   |  |
| 2. NAME OF OPERATOR                      |   |  | 8. FARM OR LE                                       | ASE NAME  |  |
| Christena Loyd                           |   |  | Harbo   | Harbold   |  |
| ADDRESS OF OPERATOR                      |   | ····                                     | 9. WELL NO.   |   |  |
|  | Roselawn - Artesia,   | New Mexico 88210                         | 1 7   |   |  |
| 918 SOUTH F                              | eport location clearly and in accordance                                |  | 10. FIELD AND                                       | POOL, OR WILDCAT  |  |
| See also space 17 belo                   | w.)   |  | Empire Yate   | s 7 Rivers  |  |
| At surface 27E                           |   |  | -   | 11. SEC., T., B., M., OR BLK. AND   |  |
| 990                                      | 0' FNL & 2110' FWL c  | of Sec. 35-17S- <del>25E</del>           |   | OR AREA   |  |
|  |   | •  | 2 25  |   |  |
|  |   |  |   | 17S-27E MMPI  |  |
| 14. PERMIT NO.                           | 15. ELEVATIONS (Show  | whether DF, RT, GR, etc.)                | 12. COUNTI O  | N. Mex  |  |
|  |   |  | Eddy  | H. HCA  |  |
| 6.                                       | Chul A maniata Pau Tali   | ndicate Nature of Notice, Repo           | ut or Other Data                                    |   |  |
|  | Check Appropriate box 10 h  | naicule Multile of Mulice, Repo          |   |   |  |
| 1  | NOTICE OF INTENTION TO:   |  | SUBSEQUENT REPORT OF                                | •   |  |
| TEST WATER SHUT-O                        | FF PULL OR ALTER CASING   | WATER SHUT-OFF                           | X REI   | TAIRING WELL  |  |
| FRACTURE TREAT                           | MULTIPLE COMPLETE   | FRACTURE TREATMEN                        | NT ALT  | TERING CASING   |  |
| SHOOT OR ACIDIZE                         | ABANDON*  | SHOOTING OR ACIDIZ                       | ING X ABJ   | ANDONMENT*  |  |
| REPAIR WELL                              | CHANGE PLANS  | (Other) Sou                              | dding Date  | X   |  |
| (Other)                                  |   | (Note: Repor                             | t results of multiple con<br>Recompletion Report an | apletion on Well<br>d Log form.)  |  |
|  | COMPLETED OPERATIONS (Clearly state                                     | all partinent datails and give pertinet  | nt dates, including estim                           | nated date of starting a  |  |
| proposed work. If<br>nent to this work.) | well is directionally drilled, give subs                                | urface locations and measured and tru    | ie vertical depths for all                          | i markers and zones pe  |  |
|  |   |  | •   |   |  |
|  |   |  |   |   |  |
| Spudded we                               | ll at 8:00 A.M. 5-9 <sup>.</sup>  | -67.                                     |   |   |  |
| -  |   |  |   |   |  |
| TD 419'.                                 | Ran 418' of 5½" 14#   | casing set at 418'                       | and cemente   | d with  |  |
| 30 sx of C                               |   |  |   |   |  |
| 30 SX OI C                               | lass c cellence.  |  |   |   |  |
| _  |   |  | 1 + 1 + 1 = 00                                      | llong of  |  |
| Perforated                               | from 400'-405'; 40  | 9-411. and acidized                      | I WITH SOU Ga                                       | TIOUS OF  |  |
| 15% acid.                                |   |  |   |   |  |
|  |   |  |   |   |  |
| Put well o                               | מתנומ מ   |  |   |   |  |
| FUL WEIT O                               | n pomp.   |  |   |   |  |
| 1  | e/ ,  | 1 ' Mainte                               | l Diller  | $\mathbf{A}$  |  |
| a laure                                  | a operator 1  | non, mayn                                | an an   | Comp Mar  |  |
| Juny                                     | e operator 7<br>RECEIVED  |  |   | 1 4   |  |
| -  |   | to Charter                               | - Lagy  | 061   |  |
|  | RELEIVED  |  |   | 2 2 100   |  |
|  |   |  | MILL Y  | and the state of the |  |
|  | ₽x § € 1  |  | 20  | 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1  |  |
|  |   |  |   | *   |  |
|  |   |  |   |   |  |
|  |   |  | ····  |   |  |
| 18. I hereby certify that                | t the foregoing is true and correct                                     | 7~~~                                     |   | 6-22-67   |  |
| SIGNED                                   | Lizza Japti T   | Agent                                    | DATE .  |   |  |
| /  |   |  |   |   |  |
| (This space for Fed                      | eral of State office use)   |  |   |   |  |
| APPROVER                                 |   |  | DATE .  |   |  |
| CONDETIONS OF A                          | PPROVAL, IF ANY :   |  | ••••  |   |  |
| A JUN 22                                 | 967   |  |   |   |  |
| $\int \mathbf{r} = 1000$                 | Sube  |  |   |   |  |
| R. L. OLE<br>ASTING DIETRI               | KIVIA INFER   | Instructions on Reverse Side             |   |   |  |
| A.L.                                     | OT_ENGINE SEE   |  |   |   |  |
| NO DISTRI                                | -   |  |   |   |  |
| 101                                      |   |  |   |   |  |
|  |   |  |   |   |  |