| Form 9-331 Dec. 1973 | NN OIL CONS. COMMI Drawer DD | SSION | Form Approved. | c/27 |
|--|---|--|---|---|
| DBC. 1973 | Artesiuning esere | S | Budget Bureau No. 42–R1424 | |
| | DEPARTMENT OF THE | | NM-28009 | |
| | | | | |
| . <u></u> | GEOLOGICAL SUR | | 6. IF INDIAN, ALLOTTEE OR TRIDE NAME | ED EY |
| SUNDRY | NOTICES AND REP | ORTS ON WELLS | 7. UNIT AGREEMENT NAME | 1002 |
| (Do not use this reservoir. Use Fo | form for proposals to drill or to de rm 9–331–C for such proposals.) | epen or plug back to a different | DEC 0 | 1903 |
| | ····· | | _ 8. FARM OR LEASE NAME Wilbo "QA" Federal O. C | . p |
| 1. oil well | gas well 🗌 other | | 9. WELL NO. ARTESIA, | |
| 2. NAME OF | | | 2 | |
| | Petroleum Corpora | ution | 10. FIELD OR WILDCAT NAME | · · · · |
| | OF OPERATOR | | Square Lake Gray/SA | |
| | 4th, Artesia, Ne I OF WELL (REPORT LOCATIO | | 11. SEC., T., R., M., OR BLK. AND SURVEY OF | 2 |
| below.) | | • • • • | Sec. 29-T16S-R30E | |
| AT SURFA | ACE: 420' FSL and PROD. INTERVAL: | 875' FWL | 12. COUNTY OR PARISH 13. STATE | - |
| | DEPTH: Same | | Eddy NM | |
| | | | 14. API NO. | • |
| | PPROPRIATE BOX TO INDIC/ OR OTHER DATA | ATE NATURE OF NOTICE. | the second se | • · · · · · · · · · · · · · · · · · · · |
| | | SEQUENT REPORT OF: | 15. ELEVATIONS (SHOW DF, KDB, AND WD) 3716.0' GL |) 🔹 |
| TEST WATER | | | | |
| FRACTURE TR | | | mersivi |) |
| SHOOT OR A | | | | |
| REPAIR WELL PULL OR ALT | | | (NOTE: Report esults of multiple completion or zpace | ė |
| MULTIPLE CO | | | | A constraint state |
| CHANGE ZON | ES 🗌 | | NOV 23 19 83 | |
| ABANDON* (other) | | | DR 8 646 | |
| measured | and true vertical depths for al | proposed work. If well is I markers and zones pertine | ate all pertinent details Repursitive MENIMEXIGA tes directionally drilled, give subsurface locations and ent to this work.)* 16" hole; 9 5/8" csg; #36 @ 12 1/4" hole; 8 5/8" csg; 24# @500' | 1 |
| | fety Valve: Manu. and Type | | DATE 11/22/83 | |
| | | his space for Federal or State of | | |
| APPROVED BY (ORIG. SGD.) DAVID R. GLIASS DATE DATE | | | | - |
| | | *See Instructions on Reverse | Side | |
| | | | | |