Form 9-331 (May 1963)		UNI D STATES		SUBMIT IN TRIPLI (Other instructions		Form ap N Budget I C. LEASE DESIGNA	Bureau No. 4	
		SEOLOGICAL SUR		rtesia, NM 88210	,	NM-55927		
						6. IF INDIAN, ALLG	TTER OR TR	BE NAME
(Do not use	this form for propor	ICES AND REPORTION FOR PERMIT—"	or play bed	to a different reservoir				
OIL GAR OTHER				RECEIVED BY	7	7. UNIT AGREEMEN	T NAME	
2. NAME OF OPERATOR						8. FARM OR LEASE		
T.T. Haile Petroleum, Ltd.				JUN 09 1986		M & W Federal		
3. ADDRESS OF OPERATOR				O. C. D		9. WELL NO.		
813 S. RO	813 S. Roselawn, Artesia, NM 88210 4. LOCATION OF WELL (Report location clearly and in accordance with a See also space 17 below.)					10. FIELD AND POOL, OR WILDCAT		
See also space 1 At surface	7 bèlow.)		-	ARTESIA, DEFICE		Jnd. High L		
1833' FWL & 2210' FNL of Section 19						11. SEC., T., R., M., SURVEY OR	OR BLE. AND	•
						Sec. 19, T		ÐΕ
14. PERMIT NO.		15. BLEVATIONS (Show		, GR, etc.)		12. COUNTY OR PA	RISH 13. 8	TATE
		3640' Gro	d			Eddy	N!	1
16.	Check A	opropriate Box To Inc	dicate Nat	ure of Notice, Report,	or O	ther Data		
	NOTICE OF INTER	TION TO:		at	BSEQUE	ENT REPORT OF:		
TEST WATER SI	SUT-OFF	PULL OR ALTER CASING		WATER SHUT-OFF		REPAIR	ING WELL	
FRACTURE TREA	T	MULTIPLE COMPLETE		FRACTURE TREATMENT		ALTERI	NG CABING	
SHOOT OR ACIDI	·	ABANDON®		(Other) Run Proc		ABANDO	NMENT*	
REPAIR WELL (Other)	IJ	CHANGE PLANS		(Nore : Report r	eaults (of multiple comple tion Report and Lo	tion on Well	
17 DESCRIBE PROPOS	ED OR COMPLETED OPE	RATIONS (Clearly state al	l pertinent d	atally and give portinent	dotau i	naluding estimates		rting any
nent to this w	ork.) •	onany drined, give substi	TACE MOGRANON	s and measured and true	verticai	depths for all ma	rkers and so	nes perti-
April 17 tailend WOC 2 Hi	cement, 800#	1972' of 15.5# granulated sa	, 5½" olt, 50#	asing. Cemented D-29 Cellophane	with flak	n 200 sxs. I kes, Cement	0-840 top 133	30'
								.= 2*
	ACCEPTED	FOR RECORD				"		
	Z	wil				in the state of th		* * * * * * * * * * * * * * * * * * *
	JUÑ	5 1986						

CARESBAD, NEV. MEXICO

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18. I hereby certify that the foregoing is true and correct		
SIGNED	TITLE Operator	DATE May 30, 1986
(This space for Federal or State office use)		
APPROVED BYCONDITIONS OF APPROVAL, IF ANY:	TITLE	DATE