| Form 9-331 (May 1963) | | Form approved. Budget Bureau No. 42-R1424. LEASE DESIGNATION AND SERIAL NO. TC-029338 B 6. IF INDIAN, ALLOTTEE OR TRIBE NAME |
|--|---|--|
| (Do not t | SUNDRY NOTICES AND REPORTS ON WELLS use this form for proposals to drill or to deepen or plug back to a different reservoir. Use "APPLICATION FOR PERMIT—" for such proposals.) | 20 PY |
| 2. NAME OF OPE | GAS WELL OTHER BATOR ah Oil Corporation Corporation | 7. UNIT AGREEMENT NAME 8. FARM OR LEASE NAME Gissler "A" |
| 3. ADDRESS OF C | merce Building - Fort Worth, Texas - 75102. C. | 9. WELL NO. |
| See also spac At surface 430' FNL Section | well (Report location clearly and in accordance with any State reddirections), 400° FWI 1730/W/Plesse note foots, 23 - T175 - R30E constroined by Mexico | 10. FIELD AND FOOL, OR WILDCAT Grayburg Jackson 11. SEC., T., B., M., OR BLE. AND SURVEY OR AREA Sec. 23-17-30 |
| 14. PERMIT NO. | 15. ELEVATIONS (Show whether DF, RT, GR, etc.) | 12. COUNTY OR PARISH 13. STATE Fddy New Mexico |
| 16. | Check Appropriate Box To Indicate Nature of Notice, Report | t, or Other Data SUBSEQUENT REPORT OF: |

(Other)

(Other)

(Other)

(Other)

(Other)

(Other)

(Other)

(Other)

(Other)

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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.)

**The completion of Recompletion on Well Completion of Recompletion on Well Completion of Recompletion and Log form.)

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

Intend to pull rods and tubing, run 2-1/2" tubing with packer and frac treat well with 20,000 gals. gelled water and 20,000# sand; pull 2-1/2" tubing and packer; run tubing and rods with pump and return well to production.

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON4

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

XX

RECEIVED

U.S. 1974

U.S. 1974

ARTESIA, NEW MEXICO

REPAIRING WELL

ALTERING CASING

ABANDON MENT*

| 18. I hereby cerufy that the foregoing is true and correct | | | | | | |
|--|-------|-----------|----------|----------|------|--------------|
| SIGNED Morald Le Sugton | TITLE | Secondary | Recovery | Division | DATE | July 8, 1974 |
| Nonald R. Layton // | | | Figineer | | | |
| (This space for Federal or State office use) | | | | | | • |
| APPROVED BY 15 | TITLE | | | | DATE | |
| CONDITIONS OF APPROVAL, IF ANY: | | | | | | |

*See Instructions on Reverse Side