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5- 0.331	CORRECTED REPORT			
Form 9-331 Dec. 1973			Form Appro	
	UNITED STATE	S	5. LEASE	BBU No. 42-FI1424
	DEPARTMENT OF THE	INTERIOR	LC-028731-B	
	GEOLOGICAL SUR	VEY	6. IF INDIAN, ALLOTTEE OR T	RIBE NAME
(Do not use this t	NOTICES AND REP orm for proposals to drill or to det m 9-331-C for such proposals	ORTS ON WELLS	7. UNIT AGREEMENT NAME	RECEIVED
·	m 9-331-C for such proposals.)		8. FARM OR LEASE NAME	All a
1. oil well	gas well other		8. FARM OR LEASE NAME M. Dodd "B"	41 06 1983
2. NAME OF		/	9. WELL NO	D. C. D.
	Energy Corporation	, ,	10. FIELD OR WILDCAT NAME	
3. ADDRESS (OF OPERATOR		Grbg Jackson SR Qn G	
	217, Artesia, N.M. OF WELL (REPORT LOCATIO		11. SEC., T., R., M., OR BLK. AI AREA	ND SURVEY OR
Delow.)			Sec. 11-175-29E	
AT SURFACE: 1980 FNL 660 FWL AT TOP PROD. INTERVAL: Same			12. COUNTY OR PARISH 13.	STATE
AT TOTAL (JEPTH-		Eddy N.I	
16. CHECK APP	PROPRIATE BOX TO INDICA	TE NATURE OF NOTICE	14. API NO.	
REPORT, O	R OTHER DATA		15. ELEVATIONS (SHOW DF, H	
REQUEST FOR			3626' GR	UB, AND WD)
TEST WATER SH FRACTURE TREA SHOOT OR ACIE REPAIR WELL	HUT-OFF	EQUENT REPORT OF:		
PULL OR ALTER MULTIPLE COMI CHANGE ZONES ABANDON*	PLETE		(NOTE: Report results of multiple co change on Form 9–330.)	ompletion or zone
17. DESCRIBE F including est measured ar	PROPOSED OR COMPLETED of timated date of starting any p timated vertical depths for all r	OPERATIONS (Clearly state proposed work. If well is di narkers and zones pertinent	all pertinent details, and give p rectionally drilled, give subsurface to this work.)*	ertinent dates, locations and
Well was	TA. We cleaned out	to TD saidiand m	erfs 2454-64' w/500 ga	
	racea #/roov DDI. g	elled Water, 15.20	0# 20/40 sand, 9,200#	1.
10/20 san	d, returned well to	production.	0∦ 20740 sana, 9,200#	
Request a	allowable of 2 bbl/d	lay.		
0				
Subsurface Safety	Valve: Manu. and Type		Set @	Ft.
18. I hereby gertif	ly that the foregoing is true an	d correct		
SIGNED <u>a</u>	chy anie	ITLE Production Cle	DATE 5/3/83	
		space for Federal or State office		
APPROVED BY		TITLE	DATE	
CONDITIONS OF AP	PROVAL, IF ANY:			
