		NN OIL CONS. C	OWISSION	dsF
Form 9-331		TTT COMS.	Olecco -	Form Approved.
Dec. 1973	LINITED STATES	MH OTH DD	1875 LEASE	Budget Bureau No. 42-R1424
	DEPARTMENT OF THE INTE	DEGMET NA	7 0. 22.02	
	DEPARTMENT OF THE INTER	AND SERVICE	LC - 029342	
	UNITED STATES DEPARTMENT OF THE INTER GEOLOGICAL SURVEY	·	6. IF INDIAN, ALL	OTTEE OR TRIBE NAME
	RY NOTICES AND REPORTS	ON WELLS	7. UNIT AGREEM	ENT NAME
reservoir. Use	his form for proposals to drill or to deepen or Form 9–331–C for such proposals.)	RECEIVED.	8. FARM OR LEAS	E NAME
1. oil -	n gas m		Loco Hills	Federal #
well		1時期時季季1982	9. WELL NO.	
2. NAME	OF OPERATOR	2 1002	5.	
	rko Production Company	O. C. D.	10. FIELD OR WILE	
3. ADDRE	SS OF OPERATOR	ARTESIA, OFFICE	Grayburg Ja	
	Box 67 Loco Hills, New M		-1	., OR BLK. AND SURVEY OR
4. LOCAT	ION OF WELL (REPORT LOCATION CLE	ARLY. See space 17		17 - S. R-30E
AT SU	10001 1001	nd 1980' FEL	12. COUNTY OR P	ARISH 13. STATE
	P PROD. INTERVAL: Sec. 9, T175	S, R30E,	Eddy	New Mexico
AT TO	TAL DEPTH: Eddy County,	New Mexico	14. API NO.	
16. CHECK	APPROPRIATE BOX TO INDICATE N	ATURE OF NOTICE,	,	·
REPOR	T, OR OTHER DATA		•	(SHOW DF, KDB, AND WD)
DEQUEET !	FOR APPROVAL TO: SUBSECUE	NT REPORT OF:	3685 GL	
-	FOR APPROVAL TO:  SUBSEQUE ER SHUT-OFF	INT REPORT OF.		
FRACTURE				
SHOOT OR	ACIDIZE 🔲			
REPAIR WE				ts of multiple completion or zone Form 9–330.)
· · ·	ALTER CASING U U COMPLETE	Note: This		for conversion to
CHANGE Z				er N.M.O.C.C. Order
ABANDON*				9. Administration
(other) Cor	nvert to water injection	order	No. WFX-415.4	Dated September 9,197
includi	RIBE PROPOSED OR COMPLETED OPER ing estimated date of starting any proported and true vertical depths for all marks	sed work. If well is	directionally drilled, gi	s, and give pertinent dates, ve subsurface locations and
1. F	Rig up pulling unit, pull r	ods and tubi	ng.	
2. (	Clean up if necessary.			
3. F	un injection packer on 2-3	/8" internally	plastic coate	d tubing.
4. S	Set packer-pressure tes: t c	asing to N.M.	O.C.C. Specifi	cations.
	inset:packer load:casing an	_	-	
-, -	manage and again and and			
6. E	Equip well for water inject	ion.		
7. C Subsurface	Commence Water injection.  Safety Valve: Manu. and Type			Set @ Ft.
18. I heret	by certify that the foregoing is true and co	rrect		
SIGNED $\mathcal{I}_{d}$	uma D. Jones III			18, 1982
	APPROVED (This spa	e for Federal or State o	ffice use)	
APPROVED	PETER W. CHESTER	LE	DATE	Marine Marine

CONDITIONS OF APPROVAL, IF ANY:

JUN 2 : 1982

JAMES A. GILLHAM