		mawer DH Artesia, NM 88	210			4
	5 - USGS - P.O. Box 1857					
Form 9-331 Dec. 1973			5. LEASE	1 4	Bureau No. 42	-R1424
			LC-0294 6. IF INDIAN,	<u></u>	R TRIBE NA	ME
CUNDE	RY NOTICES AND REPORTS	ON WELLS	7. UNIT AGRE	and the second second	ME	
(Do not use th reservoir. Use	is form for proposals to drill or to deepen or p Form 9–331–C for such proposals.)	lug back to a different	8. FARM OR I			
1. oil well	gas Other	Muchan	9. WELL NO.	Unic	<u> </u>	·
	OF OPERATOR y Oil Company	MN U4 1083	123 10. FIELD OR	WILDCAT NA	ME .	
		<u> </u>	Fren 7-	Rivers		, .
P.O.	Box 730 Hobbs, NM 88240	RTESIA, OFFICE	11. SEC., T., F		K. AND SUR	VEY OR
4. LOCATIO	ON OF WELL (REPORT LOCATION CLEA	RLY. See space 17	AREA			. •
below.)			Sec. 22	-17s-31E		
	FACE: 560' FSL & 660' FWL PROD. INTERVAL:		Eddy	JK PAKISH	13. STATE	
AT TOT	AL DEPTH:		14. API NO.	4.5-5.5	2 5 14	w .
16. CHECK	APPROPRIATE BOX TO INDICATE NA	TURE OF NOTICE,			7 KDD 44	<u> </u>
REPOR	r, OR OTHER DATA		15. ELEVATIO 3812' 0		JF, KUB, AI	¢D WD)
REQUEST F	OR APPROVAL TO: SUBSEQUE	NT REPORT OF:	3012	JK ,	12 94	<u>.</u>
	R SHUT-OFF █ □				The second of th	j.
FRACTURE	TREAT \Box	Let				
SHOOT OR	—		(NOTE: Report	results of mult	tinle completic	਼ੀ m or zone
REPAIR WE	ALTER CASING			on Form 9-3		· 🗯
MULTIPLE			, se	· D O 本意。	go.), red trout muthe	angiforntar
CHANGE Z			÷	크림의		ેં સું
ABANDON*			: D	3 4 4		- ii. 📆
(other)					n 81	
1 1	IBE PROPOSED OR COMPLETED OPER ng estimated date of starting any propo red and true vertical depths for all marks	sea work. It well is c	inectionany dring	cu, give subs	give pertiner urface locat	nt dates ions and
						á
1.	Rig up pulling unit.		· ·	1 7	1	
2.	Install BOP.		(3)		•	1
	Pull rods.					
4.	Pull tubing above perfs +		الما الما الما الما الما الما الما الما	-	11	14
5.	Run in well w/well shut in			in in the second	1	//
6.	Run production log and loc	ate water entr	ТУ•	UEC 201	000	
7.	POH.	trace.				
8.	Squeeze perfs and water en	cry.	Mines	OH & GA	3	
9. WOC. 10. Drill cement.			MINERALS MENT: SERVICE ROSWELL, NEW MEXICO			
10.	Reperforate and acidize if	necessary.	4., most	ACTT HEM W	Edca	
12.	-					
	e Safety Valve: Manu. and Type			Set	@	F1
	by certify that the foregoing is true and co	rect		4.29		
SIGNED		Area Superinte	endent _{DATE} _	Decembe	r 17, 19	82
*D 45	APPROVED (This spa	e for Federal or State o	ffice use)			
(m)	TO THE PARTY OF TH	LE				
APPROVED CONDITION	S OF APPROVAL, IF ANY:				**	

3 1983

FOR

JAMES A. GILLHAM *See Instructions on Reverse Side DISTRICT SUPERVISOR