| Form | 9-331 |
|------|-------|
| | |
| (May | 1963) |

REPAIR WELL

N. M. O. C. C. COPY

COPY, tO SFI'

| Form a Budget | pprov Bures | ed. au N | o, 4 2 - | R1424 |
|------------------|----------------|-------------|-----------------|-------|
| DESIGN | | | | |

| M | DEPARTMENT OF THE INTERIOR (Other instructions re- | 5. LEASE DESIGNATION AND SERIAL NO. 6. IF INDIAN, ALLOTTEE OR TRIBE NAME | |
|----|--|---|--|
| | SUNDRY NOTICES AND REPORTS ON WELLS (Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use "APPLICATION FOR PERMIT—" for such proposals.) | | |
| 1. | WELL GAS WELL OTHER TEXITY Ubender | 7. UNIT AGREEMENT NAME 8. FARM OR LEASE NAME | |
| | Wilson oil Company | 111 CA EE - 11/5011 | |
| | ADDRESS OF OPERATOR TO X 45-7 Historia 11.11 26 210 | 10. FIELD AND POOL, OR WILDCAT | |
| 4. | LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 4411 | 11. SEC., T., E., M., OR BLK. AND SURVEY OR AREA | |
| ! | RECEIVED 15. ELEVATIONS (Show whether DF, RT, GR, etc.) | 77 - /5 - 7/ 12. COUNTY OR PARISH 13. STATE | |
| 14 | 4. PERMIT NO. 3436 G. | Fldy N.M | |
| 16 | and on the state of the state o | | |
| | TARTERIA SHOTOF PULL OR ALTER CASING WATER SHUT-OFF FRACTURE TREAT SHOOT OF ACIDIZE ABANDON* SHOOTING OR ACIDIZE | REPAIRING WELL ALTERING CASING ABANDONMENT* | |
| | | | |

(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.) *

CHANGE PLANS

Change classification to Temps atandon. Operator has mo immediato Plans to rework or Ford A Subject wall

RECEIVED

SEP3 0 1976 U. S. GEOLOGICAL SURVEY ARTESIA, NEW MEXICO

| 18. I hereby certify that the foregoing is true and correct SIGNED OS RAYMOND LAMB TITLE Y. Frosidonial | |
|---|------|
| APPROVED BY APPROVED BY TITLE TITLE CONDITIONS OF APPROVAL, IF ANY: BE PUT TO BENEFICAL USE OR PLUGGED BY BE PUT TO BENEFICAL USE OR PLUGGED BY APRIL OCTOBER *See Instructions on Reverse Side | DATE |
| *See Instructions on Reverse Side | |