Form 9-331 Dec. 1973

Form Approved. Budget Bureau No. 42-R1424

## UNITED STATES

ORITED .		5. LEASE	
DEPARTMENT OF THE INTERIOR .		NM-23416	
GEOLOGICAL SURVEY		6. IF INDIAN, ALLOTTEE	OR TRIBE NAME
			4
SUNDRY NOTICES AND	REPORTS ON WELLS	7. UNIT AGREEMENT N	AME RECEIVED
(Do not use this form for proposals to drill reservoir. Use Form 9–331–C for such propo	sals.)	8. FARM OR LEASE NAM	
1 oil - gas -		Federal 6	32 AUG 24 1981
1. oil gas other	RE-ENTRY	9. WELL NO.	100
2. NAME OF OPERATOR		1	O. C. O.
Depco Inc.		10. FIELD OR WILDCAT N	
3. ADDRESS OF OPERATOR			THE TRACE
800 Central, Odessa, T	x. 79761	11. SEC., T., R., M., OR E	RIK AND SURVEY OR
		AREA	ZEN. AND CONTET ON
4. LOCATION OF WELL (REPORT L	OCATION CLEARLY. See space 17	4-18S-29E	
below.) AT SURFACE660/N & 1980/	TAT	12. COUNTY OR PARISH	13 STATE
AT TOP PROD. INTERVAL:	sec. 4, T. 18S., R.29E		
AT TOTAL DEPTH:	sec. 4, 1. 165., R.29E	Eddy 14. API NO.	N.M.
11 OUEDIC ADDROODIATE DOV TO	INDICATE NATURE OF NOTICE	14. AFI NO.	
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,		15 51 51/15 101/10 (01/10)	
REPORT, OR OTHER DATA		15. ELEVATIONS (SHOW	
REQUEST FOR APPROVAL TO:	SUBSEQUENT REPORT OF:	3534.1 GR	
TEST WATER SHUT-OFF	T		
FRACTURE TREAT	H		
SHOOT OR ACIDIZE	Ħ		
REPAIR WELL		(NOTE: Report results of m	ultiple completion or zone
PULL OR ALTER CASING		change on Form 9-	-330.)
MULTIPLE COMPLETE			
CHANGE ZONES			
ABANDON*			
(other) Lease Name Ch	ange		
17. DESCRIBE PROPOSED OR COM including estimated date of star measured and true vertical deption.  Lease Name Ch	ting any proposed work. If well is one for all markers and zones pertiner	directionally drilled, give sub	give pertinent dates, osurface locations and
n			
<del>-</del>	South Deep Unit No. 17		
To: Federa	1 632 No. 1		
_			
	onform to NMOCD practice ot in unit production	e of numbering wel.	ls. Well
Subsurface Safety Valve: Manu. and	Туре	Set	t @ Ft.
18. I hereby certify that the foregoin	d is true and correct		
	.7-		
SIGNED	TITLE Super. Pet. I	Eng. DATE <u>8/21/81</u>	
+ AYFEWEY	(This space for Federal or State of	ffice use)	
/			
APPROVED BY	TITLE	DATE	
CONDITIONS OF APPROVAL F ANY			
1			
FOR CHIMAN			
JAIAES A. GILLHAM			
DISTRICT SUPERVISOR	*See Instructions on Reverse	Side	