12.00

27.26

NM OIL CONS. COMMISSION Drawer DD

1	JUN 20 1985	Artesia, M	88210	
Form 9-331 Dec. 1973	O, C. D.		Budg	Approved. et Bureau No. 42-R1424
	ARTEUNITEDOSTATE		5. LEASE	
•	DEPARTMENT OF THE		NM 19840	OD TOIDE NAME
GEOLOGICAL SURVEY			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 Form 9–331–C for such proposals.)			7. UNIT AGREEMENT NAME	
			8. FARM OR LEASE NAME	
1. oil gas			Coquina Fed Com	
Well — Well Gulet			9. WELL NO.	
2. NAME OF OPERATOR			10. FIELD OR WILDCAT NAME	
TXO Production Corp.			i	
3. ADDRESS OF OPERATOR			East Lake (Morrow) 11. SEC., T., R., M., OR BLK. AND SURVEY OR	
900 Wilco Bldg 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17			AREA	
below.)	OF WELL (REPORT LOCATIO	N CLEARLY. See Space 17	Sec 32, T-18-S,	R-27-E
AT SURFA	ACE: 2330' FWL 710'	FNL	12. COUNTY OR PARISH	
AT TOP PROD. INTERVAL:			Eddy	NM
AT TOTAL DEPTH:		14. API NO.		
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA				
			15. ELEVATIONS (SHOW	DF, KDB, AND WD
DEGUEAT 505	R APPROVAL TO: SUBS	SEQUENT REPORT OF:	3320.6 GL	
PULL OR ALT MULTIPLE CO CHANGE ZON ABANDON* (other)	OMPLETE		(NOTE: Report results of mi change on Form 9	
including measured	E PROPOSED OR COMPLETED estimated date of starting any and true vertical depths for all	proposed work. If well is d I markers and zones pertinen	irectionally drilled, give sub	give pertinent dates surface locations and
	/GR & junk basket to			
	1/2" CIBP @9400. Do set 20 sx plug @9100	-		
	5 sx plug @8900'	,		
	/tbg. TIH w/csg gun	s perf 4 spf as fol	lows:	
	8400-05			
	71 00 – 05			
	<i>5100-05</i>			
TIH &	set 5 sx cmt plug @d	8425.		
Set ci	mt ret on tbg @ 8375	. Squeeze perfs (84	100-05) w/ minimum	of 60 sx.
	g out of ret. Set 20			
	/tbg. TIH w/tbg & re			
	mt ret on tbg @ 7075			
Subsurface Sa	afety Valve: Manu. and Type		Set	@ F1
٨	certify that the foregoing is true			
SIGNED ALL		TITLE	DATE	
APPROVED BY	Can Wood a	his space for Federal or State off	ice use)	5
CONDITIONS OF	· ····································	•		