Form 9-331	Form Approved.
Dec. 1973 UNITED STATES	Budget Bureau No. 42–R1424
	5. LEASE
DEPARTMENT OF THE INTERIOR	
C/SF GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
SUNDRY NOTICES AND REPORTS ON WELLS	7. UNIT AGREEMENT NAME RECEIVED
Do not use this form for proposals to drill or to beeden of proceeding to a determine the servoir. Use Form 9-331-C for such proposals to the company of the servoir.	
	B. FARM OR LEASE NAME Froehlich Federal APR 17 198
1. oil gas other APR 1 2 1001	<u>Froehlich Federal</u> AFR 17 198 9. WELL NO.
	1 O. C. D.
2 NAME OF OPERATOR	10. FIELD OR WILDCAT NAME ARTESIA, OFFICE
	11. SEC., T., R., M., OR BLK. AND SURVEY OR
8989 Westheimer, Suite 106, Houston, Texas 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	AREA
below.)	<u>Section 24, T-18-S, R-21-E</u>
AT SURFACE: 1980' FNL & 660' FEL of Section 24	12. COUNTY OR PARISH 13. STATE
AT TOP PROD. INTERVAL:	Eddy New Mexico
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)
	4073' G.L.
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	
FRACTURE TREAT	
SHOOT OR ACIDIZE	
	(NOTE: Report results of multiple completion or zone
PULL OR ALTER CASING	change on Form 9-330.)
MULTIPLE COMPLETE	
ABANDON*	
(other) Intermediate Casing and Cementing	
including estimated date of starting any proposed work. If well is or measured and true vertical depths for all markers and zones pertine	lirectionally drilled, give subsurface locations and nt to this work.)*
PLEASE SEE ATTACHED REPORT.	10 P
* Replaces operator of	
Carbonit Exploration, Inc. as per	and still
Designation of Operator dated March 27, 1981	Section (
Subsurface Safety Valve: Manu. and Type	Set @ Ft.
18. I hereby certify that the foregoing is true and correct	
	·
signed The Agent Agent Agent	DATE <u>6 April 1981</u>
	fice use)
PETER W. CHESTER	
CONDITIONS OF APPROVAAPRATY 6 1981	DATE
U.S. GEOLOGICAL SURVEY	• • • • • • • • • • • • • • • • • • •
ROSWELL, NEW MEXICO	
See Instructions on Reverse	Side

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