NM OIL CONS. COMMISS Drawer DD Artesia, FM 83210

Form 9-331

Form Approved.

UNITED STATES DEPARTMENT OF THE INTERIOR	The second second	
DEPARTMENT OF THE INTERIOR	5. LEASE	
	NM 17223	
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
SUNDRY NOTICES AND REPORTS ON WELLS	7. UNIT AGREEMENT NAME	
servoir. Use Form 9-331-C for such proposals.)	8. FARM OR LEASE NAME Pogo Federal	
servoir, Use Form 9-33!-C for such proposals.) . oil 😡 gas 🦳		
well IXI well other NAME OF OPERATOR NAME OF OPERATOR NAME OF OPERATOR	9. WELL NO.	
. NAME OF OPERATOR MAY UT 1300	1	Reserve the system of the second second of the second seco
remier Production Company.	10. FIELD OR WILDCAT NAME Turkey Track, SR, Q, GB, SA	
3. ADDRESS OF OPERATOR 224 W. Main, Artesia, NM 8 210 ARTESIA, OFFICE.		
24 W. Main, Artesia, NM 81210 Allesia	11. SEC., T., R., M., OR BLK. AND SURVEY OF AREA	
L LOCATION OF WELL (REPORT LOCALION CLEARLY, See space 17	Sec 26 T-18-S R-29-E	
below.) AT SURFACE: 330' FSL 2310' FWL.	12. COUNTY OR PARISH	
AT TOP PROD. INTERVAL:	Eddy	NM
AT TOTAL DEPTH:	14. API NO.	1 XXX
S. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,		
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW	DF, KDB, AND WD)
	3483+ 3418 G	
EQUEST FOR APPROVAL TO: SUBSEQUENT REFORT OF: EST WATER SHUT-OFF NACTURE TREAT HOOT OR ACIDIZE EPAIR WELL ULL OR ALTER CASING SUBSEQUENT REFORT OF: SUBS	(NOTE: Report results of multiple completion or zone change on Form 9-330.)	
ULTIPLE COMPLETE HANGE ZONES BANDON* Ther)		
7. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly stating including estimated date of starting any proposed work. If well is measured and true vertical depths for all markers and zones pertine 2/17/85 Rig up, pull rods & pump; tag bridge prement. Out of hole w/tubing; shut down 2½ hour 2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/	directionally drilled, give subsent to this work.)* Hug @ 2900'. Pumpers. In hole w/tubsethours. In hole w/tubsethole w/tubing; Hent plug @ 1000 - 9	50 sax Neet ing; tag plug tubing; tag shut down 900'; set 100'
Subsurface Safety Valve: Manu. and Type		
18. Thereby certify that the foregoing is true and correct		
I.B. I hereby certify that the foregoing is true and correct IGNED TITLE OPERATOR Origination (This space for Federal or State of	DATE12	/18/85

