

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

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.)

1. oil ☒ well gas ☐ well other ☐
2. NAME OF OPERATOR  
~~COOK OIL & GAS PRODUCTION~~ *John Doe*
3. ADDRESS OF OPERATOR  
P. O. BOX 159, ROSWELL, N. MEX. 88201
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: *3.10 ECL + 330 W*  
AT TOP PROD. INTERVAL: *11.5 L*  
AT TOTAL DEPTH:
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:	SUBSEQUENT REPORT OF:
TEST WATER SHUT-OFF <input type="checkbox"/>	<input type="checkbox"/>
FRACTURE TREAT <input checked="" type="checkbox"/>	<input type="checkbox"/>
SHOOT OR ACIDIZE <input checked="" type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE <input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES <input type="checkbox"/>	<input type="checkbox"/>
ABANDON* <input type="checkbox"/>	<input type="checkbox"/>
(other) <input type="checkbox"/>	<input type="checkbox"/>

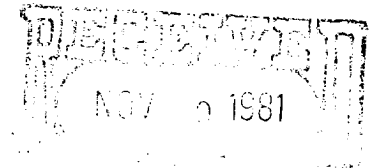
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

MARCH 10, 1981

REQUEST TO RUN DRESSOR C.A.T. LOG AND LOCATE PERFS

5. LEASE  
NM 3620
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME RECEIVED
8. FARM OR LEASE NAME  
*HANNIFIN* *7/20* NOV 12 1981
9. WELL NO.  
# 1 O. C. D.
10. FIELD OR WILDCAT NAME ARTESIA, OFFICE  
SHUGART
11. SEC., T., R., M., OR BLK. AND SURVEY OR  
AREA 19S, 31E, NMPM, Sec. 1  
S $\frac{1}{2}$ N $\frac{1}{2}$ , SW $\frac{1}{2}$ , W $\frac{1}{2}$ SE $\frac{1}{2}$ , SE $\frac{1}{2}$ SE $\frac{1}{2}$
12. COUNTY OR PARISH EDDY 13. STATE NM
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)  
3617. GL

(NOTE: Report results of multiple completion or zone change on Form 9-330.)



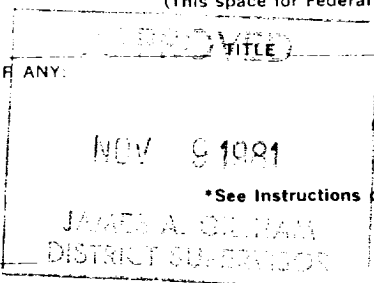
Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

18. I hereby certify that the foregoing is true and correct

SIGNED *[Signature]* TITLE *PRESIDENT* DATE *11/9/81*

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:



\*See Instructions on Reverse Side