N.M.O.C.D. COPY

Form 9-331 (May 1963)				Form approved. Budget Bureau No. 42-R1424. 5. LEARN COUNTY AND SERIAL NO.		
		NM 3620				
SUN (Do not use this	6. IF INDIAN, ALLO	6. IF INDIAN, ALLOTTEE OR TRIBE NAME JAN 18 1980				
	Use "APPLICATION	FOR PERMIT—" for such	proposais.)	7. UNIT MOREEMENT	T NAME	
OIL GAS	ARTESIA_ OFF					
2. NAME OF OPERATOR	8. FARM OR LEASE					
Joe Don Coo	1 _c			Hannifin F	ederal _	
3. ADDRESS OF OPERATO				9. WELL NO.		
PO Box 159,	2					
4. LOCATION OF WELL (See also space 17 be At surface	Report location clearly	and in accordance with a	ny State requirements.*	10. FIELD AND POO	ed Morrow	
1980' FNL &	11. SEC., T., H., M., SURVEY OF A 1-19S-31E	OR HLK. AND				
-	. 15	ELEVATIONS (Show whether	DE RT GR etc.)	12. COUNTY OR PA	RISH 13. STATE	
14. PERMIT NO.	10.	3624 GR	21, 11, 01, 201,	Eddy	NM	
16.	Check Approx		Nature of Notice, Report, or	r Other Data		
•				BEQUENT REPORT OF:		
			WATER SHUT-OFF	REPAIRI	NG WELL	
TEST WATER SHUT-	<u> </u>	PLE COMPLETE	FRACTURE TREATMENT	ALTERIN	NG CASING	
FRACTURE TREAT SHOOT OR ACIDIZE	ABAND		SHOOTING OR ACIDIZING	ABANDO	NMENT*	
REPAIR WELL		E PLANS	(Other)	casing	tion on Well	
(Other)			Completion or Reco	ults of multiple complet empletion Report and Lo	g form.)	
17. DESCRIBE PROPOSED proposed work. nent to this work.	if well is directionally	NS (Clearly state all pertidrilled, give subsurface l	neut details, and give pertinent da ocations and measured and true ver	tes, including estimated rtical depths for all ma	rkers and sones perti-	
CDUD A 10 -	ım January 15,	1080				
Pan 10 its	of 13-3/8" /	8# casing set @	400'. Cemented with	1 300 sx. Class	s "H" = = =	
2% rel 2%	CaCl 150 sx.	Class "C" 2% C	aCl: circulated 45 sx	c. Plug down (m 11:30 pm.	
Dev. Survey	$7 @ 400' ext{ of } 1^{\circ}$. Test BOP and	casing to 1000 psi f	or 30 minutes		
			And the same of the same		. 기 등 중 대한 - 기 등 기 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등	
					2	
			MI 17(1)			
			U.S. 12. 1 7. 7 TV		. <u>954</u>	
			AMELIA, S. L. L. C.			
				- N. A.		
					· 亲亲 皇皇帝代	
18. I hereby certify th	at the foregoing is tru	e and correct		- A - 1		
SIGNED	Ins	TITLE _	Agent	DATE	L - 16-80	
(This space for Fe	ederal or State office us	e)	AGEMI		Sharps of South	
(Orig. Spc.) G.		TITLE _		DATE	WAN LIEST	
APPROVED BY CONDITIONS OF	APPROVAL, IF ANY:				288	