Form 9-331 (May 1963)

(Do not

NAME OF OPERATOR

GAS WELL

WELL #

esia, submit in Triplicate. DEPARTMENT OF THE INTERIOR (Other instructions on re-

		Form a	approv	ed.	
		Budget	Burea	au No,	42-R142
5.	LEASE	DESIGN	MATION	AND	ERIAL NO

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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GEOLOGICAL :	SURVEY
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SUNDRY	NOTICES	AND	REPORTS	ON	WELLS	
use this form form Use "	or proposals to APPLICATION					reservoir.

RECEIVED	7. UNIT AGREEMENT NAME
	8. FARM OR LEASE NAME
DEC 22 '89	KEOHANE -24

WESTALL ADDRESS OF OPERATOR MASK

OTHER

DEC 25 83 9. WELL NO.

3

LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)

At surface BOXX 234 LOCO HILLS, N. M. 88255 ARTESIA, OFFICE

10. FIELD AND POOL, OR WILDCAT SHUGART 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

2200' FSL-990' FEL

S-24T18S-R31E

14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3701 GL

12. COUNTY OR PARISH 13, STATE **EDDY** N.

16.

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:			SUBSEC	QUENT REPORT OF:		
TEST WATER SHUT-OFF		PULL OR ALTER CASING		WATER SHUT-OFF	REPAIRING WELL	
FRACTURE TREAT		MULTIPLE COMPLETE		FRACTURE TREATMENT	ALTERING CASING	
SHOOT OR ACIDIZE		ABANDON*	<u> </u>	SHOOTING OR ACIDIZING	ABANDONMENT*	
REPAIR WELL		CHANGE PLANS		(Other)		
(Other)			<u> </u>	(NOTE: Report result Completion or Recom	s of multiple completion on Well pletion Report and Log form.)	

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.)*

SET PLUG AT 3950' - PACKER AT 3800' USED 50 SCKS. CEMENT.

ALL CEMENT DID NOT GO INTO THE FORMATION. DRILLED OUT

AND PRESSURED UP TO 750# - IT HELD PUT BACK ON PUMP.

CAMSSALE

18. I hereby certify that the foregoing is true and correspond to the stand	TITLE CO-OWNER	DATE 12-15-89
(This space for Federal or State office use)		
APPROVED BY CONDITIONS OF APPROVAL, IF ANY:	TITLE	DATE