Drawer DD

Artesia, NM 88210

Form Approved. Budget Bureau No. 42-R1424

UNITED STATES				
DEPARTMENT OF THE INTERIOR				
GEOLOGICAL SURVEY				

LC -C	5079	97

5. LEASE

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

RECEIVED)

SUNDRY NOTICES AND	REPORTS	ON	WELLS
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(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	$\mathbf{\Sigma}$	gas well	other		
2.			OPERA			

3. ADDRESS OF OPERATOR

P. O. Box 1658 Carlsbad, NM 88220

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17-AT SURFACE: 330' FNL & 1665' FEL UL -B

AT TOP PROD. INTERVAL: AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

	Mr.	RECEIVED
7.	UNIT AGREEMENT NAME	
		4 4 4C) 3
8.	FARM OR LEASE NAME	JUN 111533

Wills Federal O. C. D.

9. WELL NO. ARTESIA, OFFICE 23

10. FIELD OR WILDCAT NAME Russell-Yates

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 13, T20S, R 28E 12. COUNTY OR PARISH 13. STATE Eddy

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)

SUBSECUENT REPORT OF: REQUEST FOR APPROVAL TO: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL PULL OR ALTER CASING MULTIPLE COMPLETE CHANGE ZONES ABANDON* (other) Casing Test

(NOTE: Red orm 9-330.)

MAR 28 1983

PH. 8 P. 8

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 subsumace forestons measured and true vertical depths for all markers and zones pertinent to this work.)*

Ran 2-3/8" tubing with Lynes packer to 687'. Tested to 200#. 2-21-83 Pressure held at depth.

Subsurface Safety Valve: Manu. and Type ___ 18. I hereby certify that the foregoing is true and correct DATE 3-23-83 TITLE President SIGNED . (This space for Federal or State office use) DATE TITLE APPROVED BY CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

ACCEPTED FOR RECORD

8 1983