ARTESIA, OFFICE

Dec. 197

TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL

PULL OR ALTER CASING

MULTIPLE COMPLETE CHANGE ZONES ABANDON*

Form Approved.

UNITED STATES DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY

Budget Bureau No. 42-R1424 5. LEASE

DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME		
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.)	7. UNIT AGREEMENT NAME Winston Federal Com. 8. FARM OR LEASE NAME G45		
1. oil gas well other	Winston Federal Com. 9. WELL NO.		
2. NAME OF OPERATOR Flag-Redfern Oil Company 3. ADDRESS OF OPERATOR	10. FIELD OR WILDCAT NAME Indian Basin (Upper-Penn Morrow)		
P.O. Box 11050 Midland, TX 79702 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) AT SURFACE: 2080' FSL & 1980' FWL AT TOP PROD. INTERVAL: AT TOTAL DEPTH:	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 31-T-21S-R-24E 12. COUNTY OR PARISH 13. STATE Eddy NM 14. API NO.		
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD) KB 3916, DF-3915, GL 3905		
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:			

(NOTE: Report results of multiple completion or zone

change on Form 9-330.)

Subsequent Report - Squeeze Upper Penn & perforate additional section. 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.)*

Workover Report attached

Subsurface Safety Valve: Manu. and Type _			Set @	Ft.
18. I hereby certify that the foregoing is tru	Eand correct TITLE Engineer	DATE	12-12-84	
	(This space for Federal or State o	office use)		