Form 9–331 Dec. 1973	NM OIL CONS. COM		SIL_		Form Approved. Budget Bureau No. 42-R1424	
UN	ITED STATESArtesia, N	N 88210	5. LEASE			
DEPARTMENT OF THE INTERIOR			NM-0501759			
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			
			8. FARM OR LEASE NAME			
1. oil gas well I well other			Kurland Federal			
			9. WELL NO.			
2. NAME OF OPERATOR ARCO 011 and Gas Company			1			
Division of Atlantic Richfield Company			10. FIELD OR WILDCAT NAME			
3. ADDRESS OF OPERATOR			West Burton Flat Strawn Gas			
P. O. Box 1710, Hobbs, New Mexico 88240			11. SEC., T., R., M., OR BLK. AND SURVEY OR			
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17			AREA			
below.)	6-21S-27E					
AT SURFACE: 1980' FSL & 1980' FWL AT TOP PROD. INTERVAL: as above AT TOTAL DEPTH: as above			12. COUNT	Y OR PARISH	13. STATE	
			Eddy		New Mexico	
			14. API NO.			
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA			30-015-21525			
			15. ELEVATIONS (SHOW DF, KDB, AND WD)			
DEGLIERT FOR ADDROVAL TO			3185,4'	GL		
REQUEST FOR APPROVAL TO	D: SUBSEQUENT REPO					
TEST WATER SHUT-OFF		REC	SIVED 6Y			
REPAIR WELL	(NOTE: Report results of multiple completion or zone					
PULL OR ALTER CASING		1		ige on rorm 9–.	330.)	
CHANGE ZONES		0	C. D.	1		
			SIA, OFFICE			
(other) Elevation Co	rrection	ومراهي المتعارية والمتعارية				

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.)*

The correct elevation of the above well is 3185.4' ground level, not 3152.2' as previously reported. In the 1975 survey, the elevation of the benchmark used was incorrect. No other changes.

Subsurface Safety Valve: Manu. and Type _		Set @ H H
18. I hereby certify that the topegoing is tru		
SIGNED ALLE BALLER	DED TITLE Drlg Engr.	DATE
	(This space for Federal or State office use)	
APPROVED BY APPROVED BY CONDITIONS OF APPROV	TITLE	DATE
γ		

acherret NEW MEXICO .See Instructions on Reverse Side

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