APPROVED BY \_

CONDITIONS OF APPROVAL, IF ANY:

Drawer TO

Form Approved. Budget Bureau No. 42-R1424 CISF.

## UNITED STATESTESIA, AM 88210 5. LEASE

DEPARTMENT OF THE INTERIOR  GEOLOGICAL SURVEY	NM 01165
	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 difference reservoir. Use Form 9–331–C for such proposals.)	
1. oil gas well well other  2. NAME OF OPERATOR  TXO Production Corp.  3. ADDRESS OF OPERATOR  415 W. Wall, Ste. 900, Midland, TX 0.79701.  4. LOCATION OF WELL (REPORT LOCATION FALL, See space 17 below.)  AT SURFACE:  AT TOP PROD. INTERVAL: 990' FSL & 1980' FWL, Sec. 17 AT TOTAL DEPTH:  16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE REPORT, OR OTHER DATA  REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:  TEST WATER SHUT-OFF SHOOT OR ACIDIZE SHOOT OR ACIDIZE SHOOT OR ACIDIZE SHOOT OR ALTER CASING SHOULTIPLE COMPLETE CHANGE ZONES	8. FARM OR LEASE NAME Yates Federal 9. WELL NO. 5 10. FIELD OR WILDCAT NAME Burton Flat, East Market 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 17. T-20-S, R-29-E 12. COUNTY OR PARISH Eddy NM 14. API NO.
ABANDON*	
<ul> <li>DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly stationary including estimated date of starting any proposed work. If well is measured and true vertical depths for all markers and zones pertine</li> <li>6-23-89 MIRII well service. Rel pkr &amp; LD 2-3/8" tbg. TOH</li> </ul>	ent to this work.)*
6-24-89  RU WL. Set CIBP @ 11,427'. Rn GR/Correlationlog CIBP. Perf Strawn <b>20</b> ,362-66 & 10,371'-77' 2 SPF pkr, SN & 329 jts 2-3/8" tbg to 10,310'.  6-25-89  Open well & bled off press. Pulled 2 jts tbg. Se 500#-0K. Swb dry. Acidz perfs w/1450 gal 15% NeF Fm brk @ 3400#, 1/4 bpm. Incr rate to 2.4 bpm @ 2800#. Rig up & swb well w/wk blo gas, TSTM.	f/10,500-10,300'. Dumped 35' cmt on top of (24 holes). TIH w/4-1/2" Baker Lok-set et pkr @ 10,267'. Load & test annulus to be w/additives using 48 hall sealers.
6-26-89 SI well for evaluation.	
Subsurface Safety Valve: Manu. and Type	
18. I hereby certify that the foregoing is true and correct	,
SIGNED M. C. Hesley TITLE Drlg. Secreta	ry DATE 7/13/89

JUL: 6135

(This space for Federal or State office use)

\_\_ TITLE \_