Form approved. Budget Bureau No. 42-R1424. UN! D STATES SUBMIT IN TRIPLE Form 9-331 (May 1963) DEPARTMEN. OF THE INTERIOR COther in verse side instructions 5. LEASE DESIGNATION AND SERIAL NO. GEOLOGICAL SURVEY NM-10773 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 plus act to different reservoir.

Use "APPLICATION FOR PERMIT—" for such proposals E P 7. UNIT AGREEMENT NAME OIL WELL GAS WELL OTHER Dry Hole 8. FARM OR LEASE NAME NAME OF OPERATOR Lee "J" Federal C & K Petroleum, 9. WELL NO. ADDRESS OF OPERATOR ARTEBIA, OFFICE P.O. Drawer 3546, Midland, Texas 79702

LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*

See also space 17 below.) 1 10. FIELD AND POOL, OR WILDCAT Wildcat Bore 1980' FSL & 1980' FEL, Sec. 18, T-24-S, R-26-E 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Eddy Co., NM Sec. 18, T-24-S, R-26-E 12. COUNTY OR PARISH | 13. STATE 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 14. PERMIT NO. Eddy NM 3734 DF Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data 16. SURSEQUENT REPORT OF: NOTICE OF INTENTION TO: REPAIRING WELL WATER SHUT-OFF PULL OR ALTER CASING TEST WATER SHUT-OFF ALTERING CASING FRACTURE TREATMENT MULTIPLE COMPLETE FRACTURE TREAT SHOOTING OR ACIDIZING ABANDONMENT\* ABANDON\* -SHOOT OR ACIDIZE (Other) Re-entry operations REPAIR WELL CHANGE PLANS (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) (Other) 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.)\* Re-entry operations commenced 11-3-79. See attachments for complete details. NOV 2 9 1079 U.S. ELOLUGICAL SURVEY ARTESIA, NEW MEXICO

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8. I hereby certify that the foregoing is true and correct		
	TITLE Administrative Supervisor	DATE 11-28-79
(This space for Federal or State office use) (This space for Federal or State office use) (This space for Federal or State office use)	ACTING DISTRICT ENGINEER	anv 28 16
APPROVED BYCONDITIONS OF APPROVAL, IF ANY:	TITLE	DATE