Form Approved. Budget Bureau No. 42-R1424

UNITED STATES Drawer DD DEPARTMENT OF THE INTERIOR ST. N

SL: NM04473, BHL: NM02887

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 RECEIVED James Ranch (but 8. FARM OR LEASE NAME JUL 08 1983)
1. oil gas well other	9. WELL NO O. C. D.
2. NAME OF OPERATOR BELCO PETROLEUM CORPORATION	14 ARTESIA, OFFICE
3. ADDRESS OF OPERATOR	Los Medanos Morrow-Atoka
411 PETROLEUM BUILDING MIDLAND, TX 79701	
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	AREA SL: Sec 6, T-23-S, R-3
below.) AT SURFACE: 1980' FWL & 100' FSL, Sec 6	BHL: Sec 7, T-23-S, R-3 12. COUNTY OR PARISH 13. STATE
AT TOP PROD. INTERVAL:	Eddy New Mexico
AT TOTAL DEPTH: 600' FNL & 1980' FWL, Sec 7	14. API NO.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	3001524420
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WE
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	3300 GL
FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL PULL OR ALTER CASING MULTIPLE COMPLETE CHANGE ZONES ABANDON* (other) CASING REPORT	(NOTE: Report results of multiple completion or zon.» change on Form 9–330.).
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly statincluding estimated date of starting any proposed work. If well is a measured and true vertical depths for all markers and zones pertined	lirectionally drilled, give subsurface locations and
Ran 93 jts 13 3/8" K55 STC casing, set @ 393 $\frac{1}{4}$ /sx Flocele + 10 $\frac{4}{5}$ x salt. Mixed @ 12.8 $\frac{4}{5}$ Class C + 0.5% CFR + 0.4 HALAD 22-A 3 $\frac{4}{5}$ x KCPlug down @ 2:45 PM MST. Circ 185 sx cmt to	gal(1.88). Tailed in w/ 300 sx 1. Mixed @ 15.7#/gal (1.2).
	APR 2 9 1983

CH & G4.8 Subsurface Safety Valve: Manu. and Type ___ ____ Set @ __ ROSWELL, NEW MEXICO 18. I hereby certify that the foregoing is true and correct TITLE Leceptionist (This space for Federal or State office use) APPROVED BY _____ TITLE __ __ DATE ____ CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side