	NN DIL CONS, COM	IDDIUA	
Form 9-331	Brache DD		Form Approved. Budget Bureau No. 42-R1424
Dec. 1973 UNITED STATES	Artesia, NM 882	5. LEASE -	-
DEPARTMENT OF THE IN		NM_35607_	
GLOGICAL SURVEY			OTTEE OR TRIBE NAME
SUNDRY NOTICES AND REPOR	TSEONWELLS	7. UNIT AGREEM	ENT NAME
(Do not use this form for proposals to drill or to deeper reservoir. Use Form 9-331-C for such proposals.)		8. FARM OR LEAS	SENAME
•	UN 1 1982	UCBH WW F	ederal
well the well well other	0. C. D.	9. WELL NO.	
2. NAME OF OPERATOR	RTESIA, OFFICE	10. FIELD OR WILL	
J. C. Williamson V 3. ADDRESS OF OPERATOR			aw Delaware
890 Midland National Center,	Midland, Tx 797	111. SEC., T., R., M	., OR BLK. AND SURVEY OR
4. LOCATION OF WELL (REPORT LOCATION (CLEARLY. See space 17	AREA Secti T-26-	on 25, S, R-29-E
below.) AT SURFACE: 660' FSL &	660' FWL		ARISH 13. STATE
AT TOP PROD. INTERVAL: 660' FSL &		Eddy	New Mexico
AT TOTAL DEPTH: 660' FSL 8		14. API NO.	
16. CHECK APPROPRIATE BOX TO INDICATE REPORT, OR OTHER DATA	NATURE OF NOTICE,		(SHOW DF, KDB, AND WD)
		2887.5 GF	
	UENT REPORT OF:	•	
TEST WATER SHUT-OFF		SEL CAR	
SHOOT OR ACIDIZE		ipe raine in	
REPAIR WELL		V 0 0 1000 L	tts of multiple completion or zone Form 9–330.)
MULTIPLE COMPLETE)
CHANGE ZONES		OIL & GAS	
(other) Run 8 5/8" casing		ECLOGICAL SHRVEY	常业资源:"是一部"的资源。
17. DESCRIBE PROPOSED OR COMPLETED O	PERATIONS (Clearly stat	e all pertinent detai	Is, 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.)*			
		<u>+</u>	
5/5/82 - Set 8 5/8", 24# and 32;	# K-55 STC R-3 ca	sing @ 2959	w/125 sx of
373762 - 322 - 370 ; 217 and 327			
Class "C" cement w/2% (CaCl ₂ .	ين 	
	۲		
			TOA DECORD
		ACCEPTE	DE RECORD
		A	m
			26 1982
		Mik i	
Subsurface Safety Valve: Manu. and Type		LUE GEO	Set @Ft.
18. I hereby certify that the foregoing is true an	d correct	U.S. OL	LONEW MEXICO I
SIGNED James Ville Production Secretar ROSWF11-02			
(This	space for Federal or State of	fice use)	
	TITLE	DATE	
CONDITIONS OF APPROVAL, IF ANY:			
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*See Instructions on Reverse Side

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