			*=~	-	~	Form app	roved.	CKF	
Form 9-331 (May 1963)		TED STA ENT OF TH		(Other instruction a	CATE* on re-	Budget B 5. LEASE DESIGNAT	ureau No. ION AND SE		
	DEFARIN	OLORECEIV		Verse side)		NM-1681	4		
						6. IF INDIAN, ALLO		IBE NAME	
(Do not use this	DRY NOTI form for propose Use "APPLICA"		popular ning ha	posals.)	1				
1.		0.0		Drawer DD	COND	I & SUIGN AGREEMEN	C NAME		
WELL X GAS WELL	OTHER	ARTESIA	, OFFICE	Artasia. NN-	-8821	DE PARM OF LEASE	NAME		
2. NAME OF OPERATOR		INC				Bedena Fe			
3. ADDRESS OF OPERATO	NGINEERING,	1110.				9. WELL NO.			
116 North First, Artesia, N.M. 88210						1			
<ol> <li>LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)</li> </ol>						10. FIELD AND POOL, OB WILDCAT			
At surface						East Brushy Draw Januar .			
660' FW	- 2055'ESI	Section 1	8-T26S-R3	NF.		BURVEY OR 18-T26S-	REA		
660' FWL - 2055'FSL, Section 18-T26S-R30E, NMPM Eddy County, New Mexico						NMPM			
14. PERMIT NO.		15. ELEVATIONS (S		RT, GR, etc.)		12. COUNTY OR PA	RISH 13. 8	STATE	
		3044 6	R			Eddy		.M	
16.	Check Ap			ature of Notice, Repo	rt, or O	)ther Data			
	NOTICE OF INTENT	-	-			ENT REPORT OF:			
TEST WATER SHUT-		JLL OR ALTER CASI		WATER SHUT-OFF		REPAIRI	NG WELL		
FRACTURE TREAT		ULTIPLE COMPLETE		FRACTURE TREATMEN	NT	ALTERIN	G CASING		
SHOOT OR ACIDIZE	A	BANDON*		SHOOTING OR ACIDIZ		ABANDO			
REPAIR WELL	c	HANGE PLANS		(Other)	+ mogults	of multiple complet	ion on We	-[]) 10	
(Other)		(0)	te all partinent	Completion or details, and give pertiner ions and measured and tru	Recomple	including estimated	date of si	tarting any	
logs was 1/4# Tool 1/4# Afte	5½" - 17#- cemented wi Flocele pe at 5129' w Flocele pe r 12 hrs. t	New csg. w th 300 sx. r sack. To ith 600 sx. r sack. Pl emperature	vas set at 50/50 Poz op stage w 50/50 Po lug was do survey sh	After running 6283'. Bottom Class C with 6 as cemented thr oz Class C with own at 6:30 P.M. nowed top of cem 8 5/8" csg. Nor	stat # sal ough 6# sa 5/19	e t and D.V. lt and /85. ehind			
					S				
					1				
					1	Mary	-		
					en 2.	· · · · · · · · · · · · · · · · · · ·			
					مريند مورد				
					7	2. 4			
18. I hereby certify the SIGNED	t the foregoing is	true and correct	TITLE	President		D <b>ATE</b>	5/20/8	15	
(This space for Fee	leral or State offic	е цве)		<u></u>					
			TITLE			DATE		<u></u>	
APPROVED BY CONDITIONS OF	FABIED IF Q JHL		111146						
	•								
	MAY 31	1982 *Se	e Instruction	s on Reverse Side					