SHOOT OR ACIDIZE REPAIR WELL

PULL OR ALTER CASING MULTIPLE COMPLETE CHANGE ZONES

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(NOTE: Report results of multiple completion or zone

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	COL	circi		:			

GEOLOGICAL SULA	6. IF INDIAN, ALLOTTE DE TE DE MAN.			
SUNDRY NOTICES AND REPORTS ON WELLS (Do not use this form for proposals to drill or to deepen or plug back to a different	7. UNIT AGREEMENT NAME			
reservoir. Use Form 9–331–C for such proposals.	8 FARM OR LEASE HAME			
1. oil kg gas	ic Grache			
1. oil gas uell other	9. WELL NO.			
2. NAME OF OPERATOR				
100 100 100 100 100 100 100 100 100 100	10. FIELD OR WILDCAT NAME			
3. ADDRESS OF OPERATOR	Format 111671663			
50x 139 Granteine Ke 67530	11. SEC., T., R., M., OR BLK. AND SURVEY OF			
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	AREA			
below.)	1-10 - 10 48A-1L			
AT SURFACE:	12. COUNTY OR PARISH 13. STATE			
AT TOP PROD. INTERVAL:	RIEMETIC MEXIC			
AT TOTAL DEPTH:	14. API NO.			
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE.				
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)			
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:				
TEST WATER SHUT-OFF				
FRACTURE TREAT	ū.			

ABANDON\* (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.)\*

3750 - 3650 minimum 256x Conun 9.2 gal. Stuid - Fill to 2295 1245-2145 minumen 126 8 A 07 100 places
2195-181 f.114,66 19,2 miled
Then 1" Leeben T. 187 Imand Come of 687"
Then 167 to me of 667, 161, Come of 19 "Carring" Dryhoterratio

Subsurface Safety Valve: Manu. and Type .		Set @ Ft
18. I hereby certify that the foregoing is tr	ue and correct	DATE 44 16 15
7 &	(This space for Federal or State office of	use)

APPROVED BY CONDITIONS OF APROVAL IS ANY

\*See Instructions on Reverse Side

DISTRICT ENGINEER