UNITED STATES	Budget Bureau No. 42-R1424
	5. LEASE
DEPARTMENT OF THE INTERIOR	NM 0149968
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
	7. UNIT AGREEMENT NAME.
SUNDRY NOTICES AND REPORTS ON WELLS	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
(Do not use this form for proposals to dr I or to deepen or proposals to a difference reservoir. Use Form 9-331-C for such proposals.)	8. FARM OR LEASE NAME
1. oil G gas G COM COM.	FEDERAL GAS COM 'F'
	9. WELL NO. 276
2. NAME OF OPERATOR	1E (병율식원 김 사원)
M.R. SCHALK	10. FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR	BASIN DAKOTA
P O BOX 25825 ALBUQUERQUE NM 8712	
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 1	
below.) AT SURFACE:	SEC. 7, A-27N; R-12W  12. COUNTY OR PARISH 13, STATE
AT TOP PROD. INTERVAL: 790' FSL; 1850' FEL;	SAN JUAN TEN NEW MEXICO
AT TOTAL DEPTH: SEC. 7	14. API NO. ##### # ###########################
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTIC	<del></del>
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)
DECLIERT FOR ADDROVAL TO. CURSEQUENT DEPORT OF	5753' \(\frac{3}{2}\) \(\frac{3}2\) \(\frac{3}{2}\) \(\frac{3}2\) \(\frac{3}2\) \(\frac{3}2\)
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: TEST WATER SHUT-OFF	in the state of th
FRACTURE TREAT	
SHOOT OR ACIDIZE	
REPAIR WELL JAN VO 1	(NOTE: Report results of multiple completion or zone
MULTIPLE COMPLETE	change of Form 9-330.9
CHANGE ZONES U.S. GEOLOGICAL FARMINCION, I	SURVEY LAZO E PEZA 4
ABARDOR	N. M. Series in the series in
(other) SURFACE CASING	
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly s	tate all pertinent details, and give pertinent dates,
including estimated date of starting any proposed work. If well is measured and true vertical depths for all markers and zones perting	s directionally drilled, give subsurface locations and
·	
12/31/81	
SPUD AND DRILLED 12½" SURFACE HOLE TO	2 317'  Summabura  Treating or a part of the part of t
37 OB THE BRILLES 12 2 SON THE HOLE TO	
RAN 7 JTS. 8 5/8" 24# SURFACE CASING	・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・
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	on the property of the propert
	Condition of the condit
Subsurface Safety Valve: Manu. and Type	### ##################################
	트로그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그
18. I hereby certify that the foregoing is true and correct	ଟ୍ରାଟିକ୍ଟ୍ରିଆରେ ଅନ୍ତିର ହିନ୍ଦିର । ଅନ୍ତିକ୍ତିର ପ୍ରତିଶ୍ର
SIGNED WILL AGENT	DATE =1/5/82 EME
(This space for Federal or State	office use)
(into space to redefat of State	office use) 의 기계
APPROVED BY TITLE CONDITIONS OF APPROVAL, IF ANY:	DATE
	ACCEPTED TO REGORD A SE
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	JAN F2 1982
*See Instructions on Revers	

\*See Instructions on Reverse Side

NMOCC

FARMINGTON DISTRICT Snm

BY\_\_