rm 9–331	Form Approved. Budget Bureau No. 42–R1424
UNITED STATES DEPARTMENT OF THE INTERIOR	5. LEASE LC-067811A
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
SUNDRY NOTICES AND REPORTS ON WELLS	7. UNIT AGREEMENT NAME
lo not use this form for proposals to drill or to deepen or plug back to a differen servoir. Use Form 9-331-C for such proposals.)	B. FARM OR LEASE HAME
1. oil gas well well other	Dale Federal 9. WELL NO.
2. NAME OF OPERATOR	No. 2 Prinée Enderal
Berge Exploration, Inc.	10. FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR	Leslie Spring, San Andres
7100 N. Broadway, 2-L, Denver, CO. 80221	11. SEC., T., R., M., OR BLK. AND SURVEY OF
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	Sec. 26, T 7S, R 26E
below.) AT SURFACE: 2318 # FEL X 1661' FSL	12. COUNTY OR PARISH 13. STATE
AT TOP PROD. INTERVAL: (as above)	Chaves New Mexico
AT TOTAL DEPTH: 1500 (as above)	14. API NO.
6. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE	
6. CHECK APPROPRIATE BOX TO INDICATE WATCHE OF NOTICE	TE SEVATIONS (SHOW DE KDR AND WD
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD 3818.7 GL
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	
	the second s
FRACTURE TREAT	
REPAIR WELL	(NOTE: Report results of multiple completion or zor
	Change on Form 9-330.)
PULL OR ALTER CASING U U Strand Complete Complet	1381 _{- 13} ,
	and the second sec
(other) Revised casing program	
Supplement to APD 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly s including estimated date of starting any proposed work. If well i measured and true vertical depths for all markers and zones perti	
Run 8 5/8 sfc csg to 200° circ. cement	
Run 4 1/2 prod csg to TD circ cement	
	APPROVED
·	DEC 4004
	DEC <u>1</u> 1981
	JAMES A. GILLHAM
	DISTRICT SUPERVISOR
NA NA	Set @
Subsurface Safety valve: Manu. and Type	
Subsurface Safety Valve: Manu. and Type	
Subsurface Safety Valve: Manu. and Type 18. I hereby certify that the foregoing is true and correct President Server Title Vice President Server Title Vice Presi	dent Nov. 20, 1981

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 ${\cal U}$ (This space for Federal or State office use)

_____ TITLE ____

•____ DATE ____

APPROVED BY _______ CONDITIONS OF APPROVAL, IF ANY:

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•See Instructions on Reverse Side