NM OIL CONS. COMMISSION

Form Approved. Budget Bureau No. 42-R1424

UNITED STAT 88210 DEPARTMENT OF THE INTERIOR

GEOLOGICAL SURVEY

5. LEASE NM_1632/

	1117-1032	T	
6.	IF INDIAN,	ALLOTTEE OR	TRIBE NAME EIVE

SUNDRY	NOTICES	AND	REPORTS	ON	WELLS
• • • • • • • •					

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir, Use Form 9-331-C for such proposals.)

1.	oil well		gas well	X	other					
2.		OF C		tor UM CO	. /					
3.				RATOR BUILD	ING/	MIDLA	AND,	TEXAS	7970	1
4.	below			LL (REF				LEARLY.	See spa	ce 17

AT SURFACE: 1650' FSL & 1980' FWL AT TOP PROD. INTERVAL:

AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE. REPORT, OR OTHER DATA

D 7. UNIT AGREEMENT NAME FEB 24 1982

Charlotte Federal O. C. D. 9. WELL NO. ARTESIA, OFFICE

10. FIELD OR WILDCAT NAME Undesignated Abo

8. FARM OR LEASE NAME

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec 30, T7S, R26E

12. COUNTY OR PARISH 13. STATE Chaves New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)

ge on Form 9-330.)

SUBSEQUENT REPORT OF: REQUEST FOR APPROVAL TO: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL port results of multiple completion or zone PULL OR ALTER CASING MULTIPLE COMPLETE CHANGE ZONES OIL & GAS ABANDON* U.S. GEOLOGICAL SURVEY (other) 8 5/8" csg & cement ROSWELL, NEW MEXICO

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.)*

Drilled 12 1/4" hole to 1792' and ran 46 jts 8 5/8", 24#, K-55 casing set at 1792'. Cemented with 750 sx HLW + 1# Flocele + 4% CaCl, 300 sx Thixset + 4% CaCl. and tailed in with 300 sx "C" + 2% CaCl. PD at 8:00 a.m. 1-27-82. Circulated 50 sx. Tested BOPs and casing to 600 psi for 30 min.-ok. Reduced hole to 7 7/8" and drilled ahead on 1-28-82. WOC total of 18 hours.

XC: USGS (6), TLS, CEN RCDS, ACCTG, MEC, REM, PARTNERS, ROSWELL, FILE Subsurface Safety Valve: Manu. and Type Set @ ____

18. I hereby certify that the foregoing is true and correct

STUREDE TEST FOR PER	TIREGULATORY COORDINATORATE	1-28-82
CHAPMAN	(This space for Federal or State office use)	

TITLE

DATE

*See Instructions on Reverse Side