NW OIL CONS. COMM. ION Drawer DD

Artesia, NM 88210

Form 9-331	Form Approved. 5 Budget Bureau No. 42–R1424
Dec. 1973 UNITED STATES	5 LEASE
DEPARTMENT OF THE INTERIOR	NM-12438
45F GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
- 4,	- MAY - 6 1982
SUNDRY NOTICES AND REPORTS ON WELLS	7. UNIT AGREEMENT MAMES A SECTION OF TOOL
(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.)	<u> </u>
reservoir, Use Form 9–331–C for such proposals.)	8. FARM OR LEASE NAME ARESEA, CENCE
1. oil gas 🔀 other	Bravo Federad 5 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
2. NAME OF OPERATOR	#4 RESOLUTION TO STATE OF THE S
Western Reserves Oil Co.	10. FIELD OR WILDCATENAME
3. ADDRESS OF OPERATOR	Pecos Slope (Abo)
Midland, TX 79702	11. SEC., T., R., ME OR BLK. AND SURVEY OR
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	AREA \$100 \$ \$25 € \$3 € \$3 € \$3 € \$3 € \$3 € \$3 € \$3 € \$
below.) 660' FSL & 660' FEL	12. COUNTY OR PARISH 136 STATE
AT SURFACE: AT TOP PROD. INTERVAL:	Chaves 2 g g o S NMs g g
AT TOTAL DEPTH:	14. API NO. 45.00 2 2 25.00
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	mind and the second sec
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)
CURCOUNT REPORT OF	3808.0 (384) 8 8 8 8 8
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	सर्वे के हैं के हैं है
FRACTURE TREAT	
SHOOT OR ACIDIZE	
REPAIR WELL	(NOTE: Report results of multiple completion or zone change on Form 9–330.)
MULTIPLE COMPLETE	
CHANGE ZONES	
ABANDON*	Asia control of the c
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 pertinen	t to this work.)* 조심 사람들은 사람들이 다 나는 사람들이 되었다.
3-19-82	
Ran 38 jnts. 8 5/8" 24# casing. Casing landed @ 1606!. Cemented	
with 200 sx. Thixset, 4% CaCl, 200 sx. Hal-Lite, 200 sx. Class "C",	
2% CaCl. Cement did not circulate and had no returns during cementing	
procedure.	
The Care	
ر مده م اکسان در این در این از در این از در مده مده می در این از در این	2 S CCEPTED OR RECORD
Subsurface Safety Valve: Manu. and Type	Set @ 00 0 0 1080.
18. I hereby certify that the rolegoing is true and correct NRE, Agents	for 26-82010 CAL SURVEY
SIGNED TITLE Western Rese	PROPERTY OF THE STATE OF THE ST
(This space for Federal or State office use)	
	DATE DATE
APPROVED BY TITLE CONDITIONS OF APPROVAL, IF ANY:	DATE
	한 사람이 보고 있는 사람들이 되었다. 1985년 - 기계 : 1987년 1일 1987년 - 기계 : 1987년 1일
	기 기 기 기 기 기 기 기 기 기 기 기 기 기 기 기 기 기 기
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APR 3 0 1982

O.C.D. HOSS OFFICE