Form Approved.

Form 9-331 Dec. 1973

AT TOTAL DEPTH:

Budget Bureau No. 42-R1424

UNITED STATES DEPARTMENT OF THE INTERIOR **GEOLOGICAL SURVEY**

000	27.0	Budget Bureau	No. 42-R1	
066	5. LEASE NM-17793			
	6. IF INDIAN, ALLO	TTEE OR TRIB	E NAME	

7. UNIT AGREEMENT NAME

UNDESIGNATED ABO

SUNDRY	NOTICES	AND	REPORTS	ON	WELLS	
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(Do not use this form for proposals to drill or to deepen or plue back to a different reservoir. Use Form 9–331–C for such proposals.)

1.	oil well	gas well	\mathbf{x}	other	MA	IY 13	l Cran,
2.	•	F OPERA		· V			***
3.					ARTE	SIA OCHOL	≔4.493
- <u>-</u>				PORT LOCA			

1980' FSL & 660' FWL below.) AT SURFACE: AT TOP PROD. INTERVAL:

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

SAME

8. FARM OR LEASE NAME CRAWFORD FED COM 9. WELL NO. 10. FIELD OR WILDCAT NAME

11. SEC., T., R., M., OR BLK. AND SURVEY OR SEC 31, T7S, R26E

12. COUNTY OR PARISH 13. STATE NEW MEXICO CHAVES 14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD) 3555' GR

REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL PULL OR ALTER CASING -23 1982 MULTIPLE COMPLETE CHANGE ZONES OIL & GAS U.S. GEOLOGICAL SURVEY ABANDON* (other) Spud, 10 3/4"

(NOTE: Report results of multiple completion or zone hange on Form 9-330.)

LL, 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.)

Spudded well with 14 3/4" hole on 4-19-82. Drilled on mud to 900' and ran 22 jts 10 3/4", 40.5#, K-55 casing set at 900'. Cemented with 700 sxs Thixalite + $\frac{1}{2}$ #/sx flocele + 4% CaCl and tailed in with 200 sxs Class "C" + 2% CaCl. Plug down at 1:00 PM, 4-21-82. Circulated 200 sxs. Tested BOP's and casing to 600 psi for 30 mins -- okay. Reduced hole to 9 7/8" and drilled ahead on 4-22-82. WOC total of 18 hours.

XC: MMS (7), TLS, CEN RCDS, ACCTG, MEC, ROSWELL, REM, FILE, (PARTNERS Subsurface Safety Valve: Manu. and Type _____ Set @ _____ 18. I hereby certify that the foregoing is true and correct TITLE REGULATORY COORDINATOR 4-22-82 (This space for Federal or State office use) __ DATE ___ APPROVED BY CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

DOSWELL, NEW M