Form Approved.
Budget Bureau No. 42-R1424

cISP
c158

		UN	ン STATES	611.		<del></del>		
		UN:	SINIES C	ns C	ommission	5. LL. E		
	DEPARTMENT OF CHE COMMISSION DEPARTMENT OF CHE COMMISSION GEOLOGICAL SURVEY 88210  Artosia.  (No 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 577, gas				NM-38313			
					6. IF INDIAN, ALLOTTEE OR TRIBE NAME			
-IDENT					7. UNIT AGREEMENT NAME			
CONFIDE	reservoir. Use Fo	rm 9–331–C for such	proposals.)			8. FARM OR LI Ysletano		Federal
,	well ALX	well 🗀	other	/-		9. WELL NO.	Junyon	- Caciai
	2. NAME OF Cibola	operator Energy Co	rporatio	on $\sqrt{}$		10. FIELD OR W	/ILDCAT NAMI	
	3. ADDRESS OF OPERATOR				Wildcat DEYONIFA)  11. SEC., T., R., M., OR BLK. AND SURVEY OR			
	P. O. Box 1668, Albuquerque, NM 87103  4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)					11. SEC., T., R., AREA	, M., OR BLK.	AND SURVEY OR
							c. 7-149	
	AT SURFACE: 1063 FSL & 823 FEL AT TOP PROD. INTERVAL:				12. COUNTY OF Otero	R PARISH 13	NM	
	AT TOTAL	AT TOTAL DEPTH:				14. API NO.		
		16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,						
	•	REPORT, OR OTHER DATA  REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:  TEST WATER SHUT-OFF   RECEIVED				15. ELEVATION 5611.8		, KDB, AND WD)
	•						2	
	TEST WATER FRACTURE TE			H				
	SHOOT OR A							
	REPAIR WELL				MAR 02'89	(NOTE: Report re	sults of multipl	e completion or zone
	PULL OR ALT	=		H		change c	on Form 9–330.)	
	CHANGE ZON	=======================================			O. C. D.		1, 1,2	
	ABANDON*	. 🗖			ARTESIA, OFFICE			••
	(other <u>)</u> <u>R</u>	un casing						
	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.)*							
	8-14-87	Ran 210' approval			sg. Mudde hester.	d casing i	n with	verbal
	9-12-87	Tried to	pull 13	3/8"	casing.	It would n	ot move	guide shoe . Fill
					with 70 sx			
		8 5/8" ca	ising wit	th 38	3 sacks Cl	ass C ceme	nt with	2% CaC12.
		Circulate	20 sx t	o su	rface. Bu WOC 18 ho	mb brng mr	.cn /50#	. neru
		pressure	JU MINU	.65.	WOC 10 110	urs.		
	Subsurface Safety Valve: Manu. and Type					Set @ Ft.		
	18. I hereby certify that the foregoing is true and correct							
	SIGNED KAREN TVECOLO TITLE GEOLOGIST DATE 9/14/87							
	(This space for Federal or State office use)							
	APPROVED BY TITLE					PATE	ACCEPTED FOR	HESTER
	APPROVED BY CONDITIONS O	F APPROVAL, IF AN	IY:	_ HILE		<b>v</b>	FIER W	

\*See Instructions on Reverse Side

SEP 17 1987

BUREAU OF LAND MANAGEMENT ROSWELL RESOURCE AREA