SHOOT OR ACIDIZE

PULL OR ALTER CASING MULTIPLE COMPLETE CHANGE ZONES ABANDON\* (other)

REPAIR WELL

## EUSWELL DISTRICT COPY

Form Approved. Budget Bureau No. 42-R1424

(NOTE: Report results of multiple completion or zone

change on Form 9-330.)

UNITED SINTES				
DEPARTMENT	OF	THE	INTER	
	~ 4 4	CHE	WEV	

UNITED SIMILS	5. LEASE
DEPARTMENT OF THE INTERIOR	LC 0484916
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
GEOLOGICAL SURVEY	RECEIVED
SUNDRY NOTICES AND REPORTS ON WELLS	7. UNIT AGREEMENT NAME
(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.)	8. FARM OR LEASE NAME JAN 28 1982
reservoir, use rount 3 352 district	SAUNDERS B
1. oil gas other gas other	9. WELL NO. O. C. D.
	Z -B ARTESIA, OFFICE
2. NAME OF OPERATOR  LATCH OPERATIONS!	10. FIELD OR WILDCAT NAME
3 ADDRESS OF OPERATOR	may be the
BOX 10108 LUBBOCK TX 19408	11. SEC., T., R., M., OR BLK. AND SURVEY OR
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	AREA 12C 0 276
	13 T 175 R 27E
AT SURFACE: 990 FNL \$ 330 FEL	12. COUNTY OR PARISH 13. STATE
AT TOP PROD. INTERVAL:	EDDY NM
AT TOTAL DEPTH:	14. API NO.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	30-015-01748
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)
	3505 458
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	
FRACTURE TREAT	

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.)\* I. 23/8" tubing was run to 490' Well mode only S.W. will Pot II Permanent Marker Set DEDO-TO-

Ventral Approved Pale Chartere.

OIL & G45 U.S. GEDLOGICAL SURVEY ROSWELL, NEW MEX'CO\_ Set @ \_

18. I hereby certify that the foregoing is true and correct (This space for Federal or State office use)

APPROVED BY CONDITIONS OF APPROVAL, IF ANY:

Subsurface Safety Valve: Manu. and Type ...