Form 9-331 (May 1963)						5. LEASE DESIGNATION AND SERIAL NO. NM 25488		
SUN (Do not use this	IDRY NOT	ICES AND REPORTED TO SERVICE ATTOM FOR PERMIT—"	ORTS ON or plug back to for such propose	WELLS to a different reservoir.		6. IF INDIAN, ALLOTTEE	OR TRIBE >	₹AMB
OIL GAS WELL WELL	X OTHER					7. UNIT AGREEMENT NA	МВ	
2. NAME OF OPERATOR	CJ OINES					8. FARM OR LEASE NAM	. B	
MONSANTO COMPANY						FOSTER FEDERAL		
3. ADDRESS OF OPERATO						9. WELL NO.		
1330 Midlar	d Nationa	l Bank Tower, N	iidland 🍒 🏾	exas 79701		1		
4. LOCATION OF WELL (See also space 17 be At surface	Report location (clearly and in accordance	with any Stat	requirements.VE)	10. FIELD AND POOL, OF		
1980' FWL and 600' FSL AUG 2 3 1976						11. SEC., T., E., M., OR BLK. AND SURVEY OR AREA		
					Sec. 31, T-19S, R-25E			
14. PERMIT NO.		15. ELEVATIONS (Show whether DF		R(, GR, ECC.) C. C.		12. COUNTY OR PARISH	13. STATE	<u></u>
		3560' Gr.		ARTESIA, OFFICE		Eddy	New Me	exico
						<u> </u>	<u></u>	
16.	Check A	ppropriate Box To In	idicate Nativi	e of Notice, Report,	or O	ther Data		
NOTICE OF INTENTION TO:						UENT REPORT OF:		
TEST WATER SHUT-		PULL OR ALTER CASING		WATER SHUT-OFF	X	REPAIRING P	VELL	1
FRACTURE TREAT	~~	MULTIPLE COMPLETE		FRACTURE TREATMENT		ALTERING CA		1
SHOOT OR ACIDIZE		ABANDON*	-	SHOOTING OR ACIDIZIN	G	ABANDONMEN	*T*	
REPAIR WELL		CHANGE PLANS	_	(Other)	·	.		1
(Other)	 -	CHANGE LEANS		(Norm: Report	esults	of multiple completion etion Report and Log for	on Well	1
17	f well is direct	ERATIONS (Clearly state a onally drilled, give subst	all pertinent det	alls and airs portinent	datas	including estimated dat	a of startin	g any perti-
Set 5½" 17# CFR II & 8# Plug down 3 WOC 24 Hrs.	N-80 LT& Salt/Sx.	to total depth C Casing at 942 10/76; or 30 Mins., he	20' & ceme	ented w/ 850 Sx			f 1%	
	-	·	-	-				
								٠,

RECEIVED

AUG 2 0 1976

U.S. GEDI DOSCAL

	ARTESIA, NEW MEXICO					
18. I hereby certify that the foregoing is true and correct	TITLE .	Regional Prod. Mgr.	_ DATE _	8/19/76		
(This space for Federal or State office use) APPROVED BY CONDITIONS OF APPROVAL, IF ANY:	TITLE .		_ DATE _			
ACTING DISTRICT FILLINGER	ee Instruc	itions on Reverse Side				