Form 9-331 (May 1963)

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

UNITED STATES OF THE INTERIOR (Other instructions verse side) DEPARTMEN

SUBMIT IN TRIPLICATE.

Form approved. But at Bureau No. 42-E1424. 5. LEASE DE...GNATION AND SERIAL NO.

GEOLOGICAL SURVEY

CLINIDDA	NOTICEC	AND	DEDODTC	ON	MELLO
SUNDKI	NOILES	ANU	REPORTS	ON	WELL?

NM 0337995 6. IF INDIAN, ALLOTTEE OR TRIBE NAME

REPAIRING WELL

: ALTERING CASING

ABANDONMENT*

NOTICE OF INTENT	propriate Box To Indicate Na		equent report of:	
16. Charle An	3975 Ground L		Lea	N.M.
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, R	T, GR, etc.)	12. COUNTY OR P	ARISH 13. STATE
1. WELL WELL OTHER 2. NAME OF OPERATOR Julian Ard 3. ADDRESS OF OPERATOR P. O. Box 1030 - Midlan 4. Location of Well (Report location closee also space 17 below.) At surface 1980 Sout	7. UNIT AGREEMENT NAME 8. FARM OR LEASE NAME Bildrey-Federal 9. Well No. 10. FIELD AND POOL, OR WILDCAT Sawver, West 11. Sec., T., R., M., OR BLK. AND SURVEY OR AREA Sec 15, T-9-S, R-37-E			
(Do not use this form for propose Use "APPLICA	als to drill or to deepen or plug bac TION FOR PERMIT—" for such proj	k to a different reservoir.		

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) 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.) •

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other Cement job on surface casing

Well spudded at II"30 AM, 4-28-73. Drilled 12-1/4" hole to 462 feet. Ran 424 feet of 8-5/8" O.D. 8 rd. thread, 24#, K-55, Range 2, Seemless casing, set at 410 feet, cemented with 250 sacks Class "C" Cement, 2% Calcium Chloride. Plug down at 9:00 PM, 4-28-73. Cement circulated. Pressured up on 8-5/8" casing with 750# for thirty minutes, held okay.

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

18. I hereby certify that the foregoing is true and correct SIGNED Strong	TITLE	Agen†		DATE 5-4-	73
(This space for Federal or State office use)					
APPROVED BYCONDITIONS OF APPROVAL, IF ANY:	TITLE	A	CCEPTED FOR	RECORD	

*See Instructions on Reverse Side

MAY

U. S. GEOLOGICAL SURVEY HOBBS, NEW MEXICO