	Dec. 1973	Budget Bureau No. 42-R1424
M. M. 65	Dec. 1973 Dec. 1	5. LEASE
P. 7 17 17 18 18 18 18 18 18 18 18 18 18 18 18 18	DEPARTMENT OF THE INTERIOR EXICO 88240 GEOLOGICAL SURVEY	LC 063623 6. IF INDIAN, ALLOTTEE OR TRIBE NAME
	SUNDRY NOTICES AND REPORTS ON WELLS (Do not use this form for proposals to drill on the period back to a different reservoir. Use Form 9–331–C for such proposals.)	7. UNIT AGREEMENT NAME 8. FARM OR LEASE NAME
	1. oil Sas Other	Kringel Fed. 9. WELL NO.
	2. NAME OF OPERATOR MINERALS MICHAELS MINERALS M	4
	Brazos Petroleum Compa nswell, New MEXICO 3. ADDRESS OF OPERATOR P.O. Box 1782, Midland, TX 79702	10. FIELD OR WILDCAT NAME Sawyer (San Andres) 11. SEC., T., R., M., OR BLK. AND SURVEY OR
	4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) AT SURFACE: 1980 FSL & 1650 FEL AT TOP PROD. INTERVAL: same AT TOTAL DEPTH: same	AREA Sec. 31, 9-S, 38-E 12. COUNTY OR PARISH 13. STATE Lea NM 14. API NO.
	16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD) 3935.5 GR
	REQUEST FOR APPROVAL TO: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL PULL OR ALTER CASING MULTIPLE COMPLETE CHANGE ZONES ABANDON* (other)	(NOTE: Report results of multiple completion or zone change on Form 9–330.)
	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.)*	
	8-5/8" set @ 428' - Circulated - 100' pl 4-1/2" set @ 5018'- Circulated -	Lug from 478'-378'
	Perfs @ 4940'-4980' - 120' plug from 5009' (PBTD)-4890' All plugs w/9½# mud ladden fluid. Surface 50' plug @ surface	
	Will tag btm plug.	
	Verbal approval given by Mr. Peter Chester on 12-14-82	
	Subsurface Safety Valve: Manu. and Type	Set @ Ft
	18. I hereby certify that the foregoing is true and correct SIGNED Prod. Cler	
	APPROVED (This space for Federal or State o	
	conditions of APPROVAL, IF ANY:	DATE
	JAMES A. GILLHAM DISTRICT SUPERVISOR "See Instructions on Reverse	· Side