Form 9-331 Dec. 1973 UNITED STATES DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY	Form Approved.	
SUNDRY NOTICES AND REPORTS ON WELLS (Do not use this form for proposals to drill or to deepen or plug back to a differen reservoir, Use Form	7. UNIT AGREEMENT NAME	
1. oil gas conter	- HAYES FEDERAL 	
2. NAME OF OPERATOR	1 10. FIELD OR WILDCAT NAME ALLISON PENN	
M & W OF LOVINGTON, INC. 3. ADDRESS OF OPERATOR BOX 922, LOVINGTON, NM 88260		
4 LOCATION OF WELL (REPORT LOCATION CLEARLY, See space 1)	11. SEC., T., R., M., OR BLK. AND SURVEY OR         7         AREA	
below.) 1980' FSL & 1980' FEL AT SURFACE: AT TOP PROD. INTERVAL:	UNIT J, SEC 30, T-8S, R-37E 12. COUNTY OR PARISH 13. STATE ROOSEVELT NEW MEXICO	
AT TOTAL DEPTH: 16. CHECK APP OPRIATE BOX TO INDICATE NATURE OF NOTICE	14. API NO.	
REPORT, OF OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD) 4045 DE	
REQUEST FOR / PPROVAL TO:       SUBSEQUENT REPORT OF:         TEST WATER SHUT-OFF	(NOTE: Report results of multiple completion or zone change on Form 9–330.)	
<ol> <li>DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly stincluding estimated date of starting any proposed work. If well is measured and true vertical depths for all markers and zones pertir</li> <li>Cassing calapsed @ 6300' &amp; tubing</li> </ol>	s directionally drilled, give subsurface locations and nent to this work.)* a at 6350'	
<ol> <li>Casing calapsed @ 6500 &amp; tubing</li> <li>An attempt to pull tubing &amp; swag 1935. A total of \$61,800.00 (15 well was T.A.</li> <li>R.J. unit &amp; wash over tubing &amp; F</li> <li>Set plug 100' over perfs.</li> <li>Set plug above 6300' 100' plug.</li> <li>Set plug in &amp; out of 8-5/8" casi</li> <li>T.A. well until later date to wh to present formation.</li> <li>Work to be started approximately</li> </ol>	ge out casing was made in April 5 days) was expended before the pull tubing. ing 100' above & below. hipstock & drill & complete	
Subsurface Safety Valve: Manu. and Type	Set @	
18. I hereby certify that the foregoing is true and correct 	DATE	
(This space for Federal or State	NOVED 1 18 1 3 19	
APPROVED BY TITLE APP CONDITIONS OF APPROVAL JE ANY: APPROVED FOR MONTH PERIOD ENDING SEP 8 1988 SEP	ROVED W. CHESTERTE 8 1987	
*See Instructions on Rever	RESOURCE AREA	



		· - ·	<del>_</del>		
	ISTRIBUTION A FE	REQUEST	CONSERVATION COMMISSION FOR ALLOWABLE AND	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65	
	.G.S. ND OFFICE ANSPORTER JPERATOR PRORATION OFFICE	AUTHORIZATION TO TR	ANSPORT OIL AND NATURAL G	AS ×	
	Operator M & W OF L	LOVINGTON, INC.			
	Address BJX 922, L	LOVINGTON, N.M. 8826	50	a Maria	
	Reason(s) for filing ((heck proper box) New We!1 Recompletion Change in Ownership	) Change in Transporter of: Oil X Dry G Casinghead Gas Conde			
	If change of ownership give name and address of previous owner				
Ш.	DESCRIPTION OF WELL AND I	LEASE Well No.   Pool Name, Including F	Formation Kind of Lease	Lease No.	
	HAYES FEDERAL	1 ALLISON PE	ENN State, Federal	or Fee FEDERAL 03586	
		OFeet From TheSOUTHLi	ne and 1980 Feet From T	heEAST	
	Line of Section 30 Tow	wnship 85 Range 3	37E , NMPM, ROOSE	VELT County	
111.	DESIGNATION OF TRANSPORT		AS Address (Give address to which approv	ad approved ables forms in the second second	
	NAVAJO REFINING CO Name of Authorized Transporter of Cas.	0.	DRAWER 175, ARTE Address (Give address to which approv	SIA, N.M. 88210	
	It well produces oil or liquids, give location of tanks	Unit Sec. Twp. P.ge. J 30 8S 37E	Is gas actually connected? When	n	
IV.	If this production is commingled with COMPLETION DATA	· · ·	give commingling order number:		
	Designate Type of Completio	on - (X)	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
	Perforations			Depth Casing Shoe	
	HOLE SIZE	TUEING, CASING, AN CASING & TUBING SIZE	D CEMENTING RECORD	SACKS CEMENT	
<b>v</b> .	FEST DATA AND REQUEST FOR ALLOWABLE       (Test must be after recovery of total volume of load oil and must be equal to or exceed top al able for this depth or be for full 24 hours)         DIL WELL       Date of Test         Date First New Oil Run To Tanks       Date of Test				
	Longth of Test Actual Prod. During Test	Tubing Pressure Oil-Bbis.	Casing Pressure Water-Bbls.	Choke Size Gas-MCF	
	l	L		L.,	
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
	Testing Method (pitot, back pr.)	Tubing Pressure ( Shut-in )	Casing Pressure (Shut-in)	Choke Size	
VI.	VI. CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation Commission have bien complied with and that the information given above is true and complete to the best of my knowledge and belief.		OIL CONSERVATION COMMISSION		
			ORIGINAL SIGNED BY JERRY SEXTON BY		
$\langle$					

(Date)

well name or number, or transporter, or other such changes of condition. Separate Forms C-104 must be filed for each pool in multiply

## RECEIVED

OCT 24 1984

C.C.D. Hobbs office