ABANDON* (other)

Form Approved. Budget Bureau No. 42-R1424

UNITED STATES

OINTED STATES	5. LEASE
DEPARTMENT OF THE INTERIOR	Hayes Federal NM 03586
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
SUNDRY NOTICES AND REPORTS ON WELLS (Dc 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.)	7. UNIT AGREEMENT NAME
	8. FARM OR LEASE NAME
1. oil gas other	Hayes Federal
2. NAME OF OPERATOR	9. WELL NO. #2
M & W of Lovington, INC	10. FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR. BOX 922, Lovington, N.M. 88260	Allison Penn
	11. SEC., T., R., M., OR BLK. AND SURVEY OR
 LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) 	unit £ , Sec.30,T-85,R-376
AT SURFACE: AT TOP PROD. INTERVAL: AT TOTAL DEPTH:	12. COUNTY OR PARISH New Mexico
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA	14. API NO.
	15. ELEVATIONS (SHOW DF, KDB, AND WD) 4042KDB
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF [] [] FRACTURE TREAT []	ું ફોં ^ડ હોલ્
SHOOT OR ACIDIZE	
REPAIR WELL	(NOTE: Report results of multiple completion or zone
PULL OR ALTER CASING [change on Form 9-330.)
MULTIPLE COMPLETE CHANGE ZONES	

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.)*

See Attached.



Subsurface Safe	ty Valve: Manu. and Type ₋			S	et @	F1	t.
18. I hereby cer	tify that the foregoing is tr	ue and correct		}		i e L	
SIGNED	1. 1. W. Care	тітьєPresident	_ DATE	3/18	/84		_
APPROVED BY	PETER W. CHESTE	(This space for Federal or State office us	e) DATE		•		• ~
CONDITIONS OF	APPROVJUL AND 1984	4		•		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	_

*See Instructions on Reverse Side

UNITED STATES DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY

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GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
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(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.)	10 0 7
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1. oil gas	Haves Federal and
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2 ADDESON OF OPENING	10 FIELD OR WILDCAT NAME
3, ADDRESS OF OPERATOR	Allison Tenn
BOX 932 LOUINSTON NOW Mex, 88260	11. SEC., T., R., M., OR BLK. AND SURVEY OR
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	AREA
to Edward of Well (Report Location Clearly, See space 17	1
below.)	Unit-1, Sec-30, 7-85, X-37E
AT SURFACE:	22. COUNTY OR PARISH 13. STATE "
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REPORT, OR OTHER DATA	(A) = 2 = (C)
	15. ELEVATIONS (SHOW DF, KDB, AND WD)
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REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	
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FRACTURE TREAT	
SHOOT OR ACIDIZE	
REPAIR WELL	
	(NOTE: Report results of multiple completion or zone
PULL OR ALTER CASING	change on Form 9-330.) 自身實際
MULTIPLE COMPLETE	
CHANGE ZONES	
ABANDON*	
(other)	
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state	-11 - 11 - 1
measured and true vertical depths for all markers and zones pertinen	t to this work)*
pertinen	t to this work.)
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See Attached.	
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18. I hereby certify that the foregoing is true and correct	DATE 3 -/8-8453
18. I hereby certify that the foregoing is true and correct	DATE 3 -/8-8453
18. I hereby certify that the foregoing is true and correct	
18. I hereby certify that the foregoing is true and correct SIGNED	DATE 3 -/8-8455