Form 9-331 (May 1963)	UNITED STATES DEPARTMENT OF THE INT GEOLOGICAL SURVE		
SUNDRY NOTICES AND REPORTS ON WELLS (Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use "APPLICATION FOR PERMIT-" for such proposals.)			6. IF INDIAN, ALLOTTEE OR THIBE NAME
1. OIL GAS WELL X WELL	L OTHER		7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR TOM L. I			8. FARM OR LEASE NAME King Davis
3. ADDRESS OF OPERA	TOR		9. WELL NO.
POB 1757, Roswell, New Mexico 88201 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660 FNL and 660 FTWL of Sec. 28, T8S, R37E			10. FIELD AND POOL, OR WILDCAT
			Allison-Pennsylvanian 11. BRC, T., R., M., OR BLK, AND BURYEY OR AREA
14. PERMIT NO.	15. ELEVATIONS (Show whet 4027 DF	her DF, RT, GR, etc.)	12. COUNTY OR PARISH 13. STATE
16.			Roosevelt New Mexico
	Check Appropriate Box To Indice		
		ſ	EQUENT REPORT OF:
TEST WATER BHU? Fracture treat	TOFF PULL OR ALTER CASING	WATER SHUT-OFF . FRACTURE TREATMENT	
SHOOT OR ACIDIZE	ABANDON• XX	BHOUTING OR ACIDIZING	AUTERING CASING ABANDONMENT®
REPAIR WELL (Other)	CHANGE PLANS	(Other)	Its of multiple completion on Well
17. DESCRIBE PROPOSED	OR COMPLETED OPERATIONS (Clearly state all per	Completion or Recon	npletion Report and Log form.)
proposed work. nent to this work	II wen is directionally drined, give subsuriace	e locations and measured and true vert	tical depths for all markers and zones perti-
10/31/74:			
below because Will put 100 of base of 9-1 in and out of base of 375.	iron bridge plug @ 6775' an of collapsed casing. Will sack plug in and out of stub 5/8"@ 4220. Will cut 9-5/8 stub of 9-5/8. Will put l0 Will put l0 sack plug@ sur lugs. Verbal approval obtai	cut 7" and pull @ appro of 7". Will put 100 s @ 900' and pull. Will 0 sack plug in and out face with marker. Mud	oximately 5000'. sack plug in and out l put 100 sack plug of stub of 13-3/8 @ laden brine to be used
LEUS CANCOLOGI	CT TO POSSIBLE ADDITIONAL T THAT PAD AND/OR ROAD		
REQUIREMENT BE RI	THAT PAD AND/OR ROAD		
18. I hereby certify th	at the foregoing is true and correct		D I
SICNED	TITLE.	Operator	DATE 10/31/74
(This space for Fe	deral or State office use)	Q 19	A RACES
APPROVED BY CONDITIONS OF	APPROVAL, IF ANY:	ARTHUR R. EAT DISTRICT ENGI	JWN DATE

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*See Instructions on Reverse Side