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Form 9-331 (May 1963)	PA 300 A 100 T	UNITED STA		SUBMIT IN TRIE	PLICATE*		reau No. 42-R1424.
	DEPAR	TMEN OF TH	_)R verse side)	_	5. LEASE DESIGNATION	
		GEOLOGICAL S	11118	os office C.C.	}	NM 055828 6. IF INDIAN, ALLOT	THE OR TRIBE NAME
(Do no	SUNDRY NO et use this form for prop Use "APPLI		EPORTS O epen or plug back "—" for such pro-)		
1.		7. UNIT AGREEMENT NAME					
METT X	WELL OTHER	Monographic					
2. NAME OF O		8. FARM OR LEASE NAME Tract Morgan Federal 3-B					
3. ADDRESS CF		on				9. WELL NO.	erar 3-b
1500 Wil	co Bldg. Mic	lland, Texas	ance raith any S	tata waquiyamants 4		10, FIELD AND POOR	. OR WILDCAT
4. LOCATION 3 See also sp At surface	ace 17 below.)	i clearly and in accord	ance with any 5	tate requirements.		1	San Andres)
	660 FSL and 198		11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA Sec 14, T-7-S, R-33-E				
14. PERMIT NO.		15. ELEVATIONS (S	how whether DF, I	RT, GR, etc.)		12. COUNTY OF PAR	ISH 13. STATE
			4347 GR			Roosevelt	New Mexic
16.	Chack (Appropriate Box To	o Indicate No	iture of Notice, Re	port, or C	Other Data	
	NOTICE OF INT		indicate 140	iore of Monee, ite		CENT REPORT OF:	
	NOTICE OF THE		[]		[77	¬ '.	IC PERLY
	TER SHUT-OFF	MULTIPLE COMPLETE		WATER SHUT-OFF FRACTURE TREAT		REPAIRIN	G CASING
FRACTURE SHOOT OR		ABANDON*		SHOOTING OR ACI		ABANDON	
REPAIR W	ļ 	CHANGE PLANS		(Other) <u>Casi</u>	ng test	& cement jo	b
(Other)						of multiple complete letion Report and Log	
nent to t	ROPOSED OR COMPLETED (l work. If well is dire- this work.) *						
5-15-67:	: Spud. Ran 12 cement circu	jts 8 5/8" ca lated. WOC 18	asing to 3 B hrs. Tes	85, cemented ted 0.K. at 1	with 35 000 psi	00 sax reg. M i. 19 0P instal	led.
5-25-67	: Ran 139 jts o	of 45" casing	to 4375.	cemented with	. 800 sa	ax Incor 50-5	0 Posmix
5 25 07	with 12% gel	and 5% salt,	160 sax I	ncor 50-50 Po	smix wi	ith 4% gel, 2	cc, salt
	saturated, 10	00 sax Incor 5	50-50 Posm	nix with 8# sa	lt per	sax. Cement	circulated
	WOC 24 hrs.	TestedO.K. a	t 4000# ps	si, top of cem	ent 15.	10.2	2 1일 14 - 12
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					•	en reference and a second contract of the cont	
					e.		
						얼마를 많다.	

18. I hereby certify that the foregoing is true and correct				
STONED Carolyn Junion	TITLE	Production Clerk	DATE 6-9-67	
(This space for Federal or State office use)				
APPROVED BY	TITLE	APF	ROVED	
CONDITIONS OF APPROVAL, IF ANY:				

JUN 12 1967