N. M. DIL CONS. COMMISSION P. O. BO 380 Form Approved. Form 9-331 HOBBS, NEW MEXICO 88240 Budget Bureau No. 42-R1424 Dec. 1973 **UNITED STATES** 5. LEASE NM-0108997-B DEPARTMENT OF THE INTERIOR 6. IF INDIAN, ALLOTTEE OR TRIBE NAME **GEOLOGICAL SURVEY** 7. UNIT AGREEMENT NAME 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 Form 9–331–C for such proposals.) 8. FARM OR LEASE NAME FARRELL FEDERAL well IXX well other 9. WELL NO. 17 2. NAME OF OPERATOR 10. FIELD OR WILDCAT NAME JOE E. BROWN CHAVEROO SAN ANDRES 3. ADDRESS OF OPERATOR P.O. BOX 543, LOVINGTON, NEW MEXICO 88260 11. SEC., T., R., M., OR BLK. AND SURVEY OR 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 SEC.28, T.7 S., R.33 E. AT SURFACE: 1310'FNL & 1310'FEL OF SEC. 28 12. COUNTY OR PARISH 13. STATE AT TOP PROD. INTERVAL: NEW MEXICO ROOSEVELT AT TOTAL DEPTH: 14. API NO. 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA 15. ELEVATIONS (SHOW DF, KDB, AND WD) 4398.6 GL REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (NOTE: Report results of multip change on Form 9-330 PULL OR ALTER CASING MULTIPLE COMPLETE CHANGE ZONES ABANDON* CHANGE CEMENTING PROGRAM (other) 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.)* THE APPLICATION FOR PERMIT TO DRILL THE ABOVE DESCRIBED WELL WAS APPROVED SUBJECT TO THE STIPULATION THAT THE 4-1/2"CASING BE CEMENTED WITH SUFFICIENT CEMENT TO TIE BACK TO THE SURFACE CASING. IT IS REQUESTED, INASMUCH AS THE SURFACE CASING IS TO BE SET IN THE RUSTLER ANHYDRITE WITH CEMENT CIRCULATED, THAT THE ABOVE STIPULATION BE VOIDED AND THAT APPROVAL BE GIVEN TO CEMENT THE 4-1/2" CASING WITH SUFFICIENT CEMENT TO FILL 600 FEET ABOVE THE TOP OF THE PAY ZONE. Subsurface Safety Valve: Manu. and Type Set @ ____ Ft. certify that the foregoing is true and correct

NOVEMBER 15. 1983 Agent DATE (This space for Federal or State office use) (ORIG. SGD.) DAVID R. GLASS APPROVED BY

CONDITIONS OF APPROV

DATE

