II. III. UIL DUMO. OUMAN MR Care and a service A P. O. BOX 1 79

Form 9-331 Dec. 1973

HOBBS, NE. MEXICO 88240

Form Approved. Budget Bureau No. 42-R1424

DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY	5. LEASE NM-0108997-B
	6. IF INDIAN, ALLOTTEE OR TRIBE 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.)	7. UNIT AGREEMENT NAME
1. oil gas well other	8. FARM OR LEASE NAME FARRELL FEDERAL 9. WELL NO.
2. NAME OF OPERATOR JOE E. BROWN	18 10. FIELD OR WILDCAT NAME CHAVEROO SAN ANDRES
 3. ADDRESS OF OPERATOR P.O. BOX 543, LOVINGTON, NEW MEXICO 88260 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
below.) AT SURFACE: 1310'FNL & 2630'FEL OF SEC. 28 AT TOP PROD. INTERVAL:	SEC.28, T.7 S., R.33 E. 12. COUNTY OR PARISH 13. STATE ROOSEVELT NEW MEXICO
AT TOTAL DEPTH: 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	14. API NO.
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD. 4401.4 GL OF LAND M.
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: TEST WATER SHUT-OFF	(NOTE: Report results of multiple domphia opposition of change on Form 9–330.) OIST 6 N. M.
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly statincluding estimated date of starting any proposed work. If well is different and true vertical depths for all markers and zones pertinent	lirectionally drilled, give subsurface locations and
THE APPLICATION FOR PERMIT TO DRILL THE ABOVE IS SUBJECT TO THE STIPULATION THAT THE 4-1/2"CASIN	DESCRIBED WELL WAS APPROVED NG BE CEMENTED WITH SUFFICIENT
CEMENT TO TIE BACK TO THE SURFACE CASING.	
IT IS REQUESTED, INASMUCH AS THE SURFACE CASING ANHYDRITE WITH CEMENT CIRCULATED, THAT THE ABOVE	G IS TO BE SET IN THE RUSTLER VE STIPULATION BE VOIDED AND
THAT APPROVAL BE GIVEN TO CEMENT THE 4-1/2" CASFILL 600 FEET ABOVE THE TOP OF THE PAY ZONE.	SING WITH SUFFICIENT CEMENT TO
	S-4-@

Subsurface Safety Valve: Manu. and Type ______ Set @ _____ Ft. 18. I hereby certify that the foregoing is true and correct Arthur Application (This squace for Federal or State office use)

(OPIC SCD) DAYS (This squace for Federal or State office use) (ORIG. SGD.) DAVID R. GLASS APPROVED BY CONDITIONS OF APPROVAL, IF ANY NOV 1 7 1983 DATE ...

