Form 9–331 Dec. 1973 UNITED STATES DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY	Former Ambrowed
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.)         1. oil gas well cother         2. NAME OF OPERATOR Gene Milford         3. ADDRESS OF OPERATOR	<ul> <li>7. UNIT AGREEMENT NAME</li> <li>8. FARM OR LEASE NAME Smith Federal</li> <li>9. WELL NO.</li> <li>2</li> <li>10. FIELD OR WILDCAT NAME Cato San Andres</li> </ul>
<ul> <li>P. O. Box 755, Hobbs, NM 88241</li> <li>4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) AT SURFACE: 1980' FNL &amp; 660" FWL Sec. 13 AT TOP PROD. INTERVAL: AT TOTAL DEPTH:</li> </ul>	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREASec.13,14. API NO.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA         REQUEST FOR APPROVAL TO:       SUBSEQUENT REPORT OF:         TEST WATER SHUT-OFF	15. ELEVATIONS (SHOW DF, KDB, AND WD) 4161 GL (NOTE: Report results of multiple completion or zone change on Form 9–330.)

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.)\*

1:00 PM 4/23/85 Found that heater-treater had mal-functioned and dumped all liquid to water storage tank causing same to overflow. Called for vacuum truck immediately, picked up 23 barrels fluid on same day. Estimated total fluid lost to be 25 or 26 barrels cut 25% water. Fluid lost on caliche, accounting for small amount soaked in soil. Heater-treater has been repaired and spill covered with dirt.

Subsurface Safety Valve: Manu. and Type	8			Set @	Ft.
18. I hereby certify that the foregoing is	true and correct			:	
SIGNED Donne Jolla	TITLE	Agent	_ DATE	5/16/85	
APPROVED BY CONDITIONS OF APPROVAL, IF ANY:	(This space for	Federal or State of CR ACCEPTED FOR RECOR TER W. CHEST	D <sup>rse)</sup> ER DATE	······································	
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	*See Instru BURE/ RC	AU OF LAND MAN SWELL RESOURCE	AGEMENT E AREA		