NM OIL CONS. COMMISSION

Drawer DD

Form Approved.

IF INDIAN, ALLOTTEE OR TRIBE NAME

Drawer DD	
Artesia, NM	98210 5. LEASE
	5. LEASE

Budget Bureau No. 42-R1424

UNITED STATES					
DEPARTMENT	OF	THE	INTERIOR		
GFOLOG	ICAL	SUR	VEY		

PARTMENT OF THE INTERIOR	
GEOLOGICAL SURVEY	6.

7.	UNIT	AGRE	EMENT	NAME

8. FARM OR LEASE NAME

NM9407-A

SUNDRY NOTICES	AND	KEPOKI	5	UN	WELLS
o not use this form for proposals servoir. Use Form 9-331-C for suc	to drill ( h propos	or to deepen ( sals.)	or pl	ug bac	k to a different

636						
1.	oil well	$\mathbf{x}$	gas well		other	
2.	NAM	E OF	OPERA	TOR		

P & R Oil Company

3. ADDRESS OF OPERATOR P.O. Box 1284 Lovington, N. M. 88260

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 AT SURFACE: 1980' FS&EL of Section 6 AT TOP PROD. INTERVAL: AT TOTAL DEPTH:

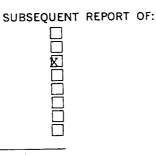
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

Peterson Federal 9. WELL NO. 10. FIELD OR WILDCAT NAME 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 6, T9S,R30E 12. COUNTY OR PARISH 13. STATE New Mexico Chaves

14. API NO. 20.6

15. ELEVATIONS (SHOW DF, KDB, AND WD) 4079.1 GL

REQUEST FOR APPROVAL	TO:
TEST WATER SHUT-OFF	
FRACTURE TREAT	
SHOOT OR ACIDIZE	
REPAIR WELL	
PULL OR ALTER CASING	
MULTIPLE COMPLETE	
CHANGE ZONES	
ABANDON*	
(other)	



لتنتزي حيص लम्ह (NOTE: Report results of multiple completion or zone change on Form 01330.) (765) 00

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.)\*

- Tag bottom with tubing 1.)
- Pull tubing and talley 2.)
- Run tubing back below perfs. 3.)
- Pump well down 4.)
- Pressure tubing 400 lbs 5.)
- Dump 500 gal. 15% N.E. HcL acid 6.)
- Wait 2 hrs. 7.)
- Pump 60 barrels formation water down casing--wait 2 hrs. 8.)
- Return well to production 9.0

Subsurface Safe	ety Valve: Manu. and Type	Set @ Ft.
18. I hereby se	ertify that the foregoing is true and correct	DATE12-10-83
APPROVED BY _ CONDITIONS OF	PETER W. CHISTER  APPROVAL ANY G 1984	e use)  DATE

RECEIVED BY
MAYY17 119994
HOLLE OFFICE