UNITED STATES DEPARTMENT OF THE INTERIOR **GEOLOGICAL SURVEY**

Form 9-331 Dec. 1973	UNITED STATES	9,53 0	Form Approved. Budget Bureau No. 42–R1424		
DEDAD'	TMENT OF THE INTERI	00	5. LEASE NM-046153-A		
	GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME			
(Do not use this form for pr	CES AND REPORTS	7. UNIT AGREEMENT NAME			
reservoir. Use Form 9–331–C	of for such proposals.)	8. FARM OR LEASE NAME			
1. oil gas well	П		<u>Miller Federal</u>		
	other	9. WELL NO. 6			
2. NAME OF OPERATO		10. FIELD OR WILDCAT NAME			
Amoco Product 3. ADDRESS OF OPER	RATOR	Tom-Tom San Andres			
	, Hobbs, New Mexico		11. SEC., T., R., M., OR B		
below.)	,	,	34-7-31		
AT SURFACE: (660' FSL x 660' FWL		12. COUNTY OR PARISH	13. STATE	
AT TOTAL DEPTH:	'Lival' (Unit M, S	SW/4, SW/4)	Chaves	NM	
16. CHECK APPROPRIA	ATE BOX TO INDICATE NAT	TURE OF NOTICE	14. API NO.		
REPORT, OR OTHE		TORE OF HOTIOE,	15. ELEVATIONS (SHOW	DE KOR AND WO	
			4294 GL	DI, KOB, AND WD)	
REQUEST FOR APPROV		T REPORT OF:			
TEST WATER SHUT-OFI FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL PULL OR ALTER CASIN MULTIPLE COMPLETE CHANGE ZONES	NG C	FE3	(NOTE: Report results of mu 9 1982 change on Form 9-	ultiple completion or zone 330.)	
ABANDON* TA (other)	<u> </u>	U.S. GEOLOG	BICAL SURVEY IEW MEXICO		

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.)*

Request permission to temporarily abandon well until PXA procedure is available. Well is producing 100% water and was shut-in 7-20-80.

0+6-USG	S, R	1-Hou	1-DMF	1-W. Stafford,Hou	1-Susp	
Subsurface Saf	ety Valve	: Manu. and Ty	ype		Set @	Ft.
18. I hereby ce	rtify that	he føregoing	is true and cor	rrect		
SIGNED	erk.	presma	TITLE	Ast. Adm. Analyst DAT	E 2-5-82	
	7	VOSSS	This space	e for Federal or State office use)		
APPROVE STS	Sgd.) I	ETER W. C	HESTER TH	Approved for 12 mg/(TERIOD	
		FEB 1 0 19	982	ENDING 2/10/8	3	
	FOR JA/	MES A. GILI	LHAM			

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O. C. D.

ARTESIA, OFFICE

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