## UNIF STATES

## DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY

A Company of the Comp			E.s. Met Freeze
	 5. 1 5.4		
)R		115.4	MM=15677

6. IF INDIAN.	ALLO	TTEE	OR	TRIBE	NAME

	NDRY NOTICES AND REPORTS ON WELLS se this form for proposals to drill or to deepen or plug back to a different	7. UNIT AGREEMENT NAME RECEIVED			
reservoir.	Use Form 9–331–C for such proposals.)	8. FARM OR LEASE NAME	line o		
1. oil	ला gas □	Hahn Federal ''&'	JUN 21 198		
well		9. WELL NO.	O. C. D.		
2. NAM	ME OF OPERATOR	1	ARTESIA, OFFIC		
	g-Redfern Oil Company	10. FIELD OR WILDCAT NAME			
	PRESS OF OPERATOR	Tom Tom (San Andres)			
	Box 11050 Midland, TX 79702	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA			
4. LOC belo	ATION OF WELL (REPORT LOCATION CLEARLY. See space 17 w.)	Sec. 23, T-7-	S, R-31-E		
	surface: 660' FSL and 660' FEL	12. COUNTY OR PARISH 13. STATE			
	TOP PROD. INTERVAL:	Chaves	NM		
Al I	FOTAL DEPTH:	14. API NO.			
	CK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,				
REP	ORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)			
DEVITES.	T EOD ADDONAL TO.	4378 GR	bb, AND Wb)		
•	T FOR APPROVAL TO: SUBSEQUENT REPORT OF:	1370 010			
	RE TREAT				
SHOOT (	OR ACIDIZE				
REPAIR		(NOTE: Report results of multiple co	moletion or zone		
	R ALTER CASING	change on Form 9~330.)	implection of zone		
CHANGE					
ABANDO					
(other)					
111010	CRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state uding estimated date of starting any proposed work. If well is dissured and true vertical depths for all markers and zones pertinent MIRU Monument Well Service. RU Halliburt	rectionally drilled, give subsurface to this work.)*	locations and		
	35 sx plug from 4140 to 3624. Pulled abo laden fluid. Shot casing off at 2375'.	ve plug. Loaded hole w	vith mud		
-28-84	Pulled and layed down 2364' 4½" casing. 25 sx plug from 2425 to 2325. Spotted 25 Spotted 20 sx surface plug.	Using 2 3/8" tubing, sp sx plug from 1678' to	ootted 1578'.		
-29-84	Cut casing off below ground level. Weld casing stub, clean location.	plate and 4" x 4' marke	er on		
Subsurfa	ce Safety Valve: Manu. and Type	Set @	Ft.		
	eby certify, that the foregoing is true and correct				
	(This space for Federal or State office	DATE 4-18-84			
	(This space for Federal or State offic	e use)			
APPRÓVED					
	NS OF APPROVAL, IF ANY:	DATE			