

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

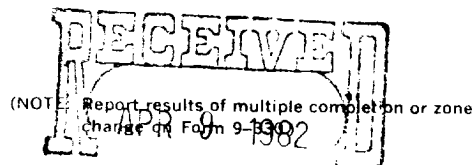
SUNDRY NOTICES AND REPORTS ON WELLS

(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 ☒ well gas ☐ well other ☐
2. NAME OF OPERATOR
Forister & Sweatt
3. ADDRESS OF OPERATOR
PO Box 161, Artesia, NM 88210
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 990 FSL 1650 FWL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:	SUBSEQUENT REPORT OF:
TEST WATER SHUT-OFF <input type="checkbox"/>	<input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	<input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING <input checked="" type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE <input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES <input type="checkbox"/>	<input type="checkbox"/>
ABANDON* <input type="checkbox"/>	<input type="checkbox"/>
(other) <u>change plans</u>	

5. LEASE
NM-15314
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Yates ~~Box~~ 29 *Federal*
9. WELL NO.
1
10. FIELD OR WILDCAT NAME
SE Chaves Queen Assoc.
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
29 T12S R31E
12. COUNTY OR PARISH
Chaves
13. STATE
New Mexico
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
4068.7



OIL & GAS
U.S. GEOLOGICAL SURVEY
ROSWELL, NEW MEXICO

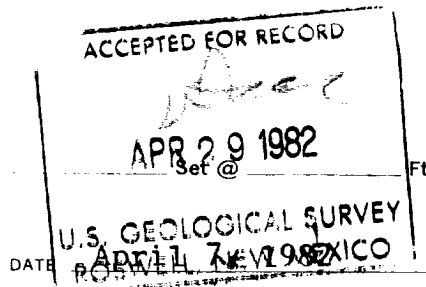
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

1. Change setting depth of 8 5/8 casing from 300' to 965' in top of rustler. ~~Cement~~ Cement from 175 sx to 475 sx.
2. 4 1/2 casing cemented with 275 sx - not required to circulate.
3. This change was approved verbally by Mr. Roger Chapman and Mr. James Gillham.

Subsurface Safety Valve: Manu. and Type

18. I hereby certify that the foregoing is true and correct

SIGNED [Signature] TITLE Partner



(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

RECEIVED

MAY 2 1967

O.C.D.
MOBES OFFICE