

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
MR Oil Company
3. ADDRESS OF OPERATOR
P. O. Box 685
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 330' FNL & 1980' FEL of Section
AT TOP PROD. INTERVAL: Same
AT TOTAL DEPTH: Same
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

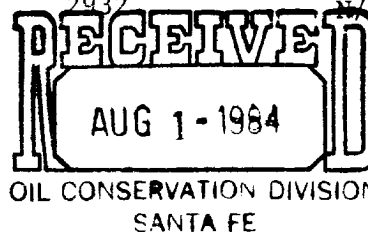
REQUEST FOR APPROVAL TO:	SUBSEQUENT REPORT OF:
TEST WATER SHUT-OFF <input type="checkbox"/>	<input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	<input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING <input 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) Running Casing <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

5. LEASE
NM-20968
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
T.A.O. Federal
9. WELL NO.
1
10. FIELD OR WILDCAT NAME
Undesignated Queen
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec 3-135-31E
12. COUNTY OR PARISH
Chaves
13. STATE
New Mexico
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
4431.6' GL; 4436.6' DF

(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.)*

	Hole Size	Casing & Tubing	Depth Set	Sack Cement
6/08/84	11	8 5/8	566	125-P.S. Lite 2% CAC12
	7 7/8	5 1/2	3114	100-H 2% CAC12
	5 1/2	2 3/8	2932	275-Lt.WT; 250-H
				N/A

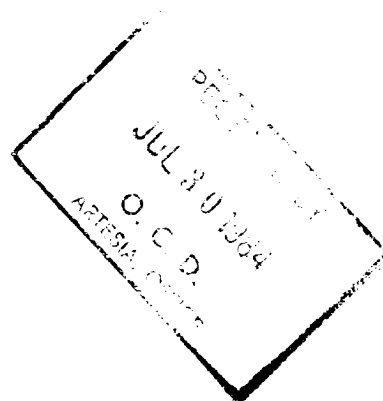


Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED Peter W. Foster TITLE agent DATE July 25, 1984

APPROVED BY PETER W. FOSTER TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: JUL 27 1984



RECEIVED

JUL 28 1984

RECEIVED