UNITED STATES DEPARTMENT OF THE INTERIOR

5. LEASE LC-029405 (a)
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME MIA UTIT
9. WELL NO.
10. FIELD OR WILDCAT NAME MINT G-SA
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
50c. 20. 7-/75, R - 32E 12. COUNTY OR PARISH 13. STATE
12. COUNTY OR PARISH 13. STATE AGA N. M.
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
(NOTE: Report results of multiple completion or zone
Definition for the state of the
JUL 5 1978
CEOLOGICAL SURVEY

GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
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 gas well other 2. NAME OF OPERATOR (6) (0) (0) (0) (0) (0) (0) (0) (0) (0) (0	7. UNIT AGREEMENT NAME MA 8. FARM OR LEASE NAME 9. WELL NO. 10. FIELD OR WILDCAT NAME MOLT G-5A
Box 460, Hobbs, N.M. 88240	11. SEC., T., R., M., OR BLK. AND SURVEY OF
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	Sec 24 7./75 R - 32 F
AT SURFACE: 660' FNL + 1988' FNL	50c. 20, 7-175, R-32E 12. COUNTY OR PARISH 13. STATE N. M.
AT TOP PROD. INTERVAL:	14. API NO.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	14. AFI NO.
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	3708 DF
TEST WATER SHUT-OFF	(NOTE: Report results of multiple completion or zon
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly statistical depths and proposed work. If well is a measured and true vertical depths for all markers and zones pertine	nt to this work.)*
IT IS Proposed to Closm out and Well to Encrosse Production. I. Rig up + Pull Prod. Equip. 2. Run B, + Scraper and Closm ou. 3. Spot 300 Gols of 15% And acro Set Phr at 3550; 4. Acidize with 3000 Gols of 15 5. Flush with 24 Bb/s of Trois 6. Poll Troising Equip. + Porum The well to Production.	t to TD 4077; ss Interval 4000-4050; - of Acid,

Subsurface Safety Valve: Manu. and Type ___ 18. I hereby certify that the foregoing is true and correct TITLE ADMIN. SUPV. DATE (This space for Federal or State office use) DATE

CONDITIONS OF APPROVAL, IF ANY:

Set @ __

*See Instructions on Reverse Side

45G5-5, MA (#) F, 1.