## COPY TO O. C. C

Form Approved. Budget Bureau No. 42-R3424

## UNITED STATES

5.	LEASE		-	. ^	
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6.	IF INDIAN,				
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DEPARTMENT OF THE INTERIOR  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 eservoir. Use Form 9-331-C for such proposals.)  1. oil gas well other	7. UNIT AGREEMENT NAME  MCA Unit  8. FARM OR LEASE NAME  MCA Unit Sty  )9. WELL NO.
2. NAME OF OPERATOR APP 9 / 1001	276 10. FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR  P. C. 35x 460, Hobbs, N.M. 88246S. GEOLOGICAL CLIRA  4. LOCATION OF WELL (REPORT LOCATION CHARLY. See space location)  AT SURFACE: 25'F3L \$ 1295'FEL  AT TOP PROD. INTERVAL:  AT TOTAL DEPTH:  16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	Maljamar (G-5A)  TM. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  Sec. 19, T-175, R-325  12. COUNTY OR PARISH 13. STATE  Lea NM  14. API NO.
REPORT, OR OTHER DATA  REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:  TEST WATER SHUT-OFF    TEST WATER SHUT-OFF	15. ELEVATIONS (SHOW DF, KDB. AND WD)
FRACTURE TREAT  SHOOT OR ACIDIZE  REPAIR WELL  PULL OR ALTER CASING  MULTIPLE COMPLETE  CHANGE ZONES  ABANDON*  (other) Squeeze water flow	(NOTE: Report results of multiple completion or zone change on Form 9–330.)
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly statincluding estimated date of starting any proposed work. If well is a measured and true vertical depths for all markers and zones pertined.)	illectionally diffied, give adpartitude received and
Run noise log to find leak. Set RBP 15' ber source of blow. Set cont retainer 10' abov	e perf. Pmp 200 gals 15% HCL
NE-FE. Pmp 20 bbs TFW. Pmp 100sx Class	Cout. Pmp 50 sx mixture of
60% Class Hent & 40% Cal-seal Drillout Return to production.	cmt. retainer. & RBP. Test sq.
Subsurface Safety Valve: Manu. and Type	Set @ Ft
18. I hereby certify that the foregoing is true and correct  SIGNED W. A. Hulla free TITLE Administrative Super	
(This space for Federal or State o	

\_ TITLE

DATE \_\_\_

\*See Instructions on Reverse Side

JAMES A. GILLHAM DISTRICT SUPERVISOR