Porm 9–331 Dec. 1973	Form Approved.  Budget Bureau No. 42-R1424
UNITED STATES	5. LEASE -CA SW 472
DEPARTMENT OF THE INTERIOR	LC 069276
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.)	7. UNIT AGREEMENT NAME
	8. FARM OR LEASE NAME
1. oil gas other	Hudson "29" Federal
well well other  2. NAME OF OPERATOR	9. WELL NO.
PENNZOIL COMPANY	10. FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR	South Corbin Wolfcamp
P.O. Drawer 1828, Midland, TX 79702	11. SEC., T., R., M., OR BLK. AND SURVEY OF
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)	Sec 29, T-18-S, R-33-E
AT SURFACE: 1980' FEL & 660' FNL AT TOP PROD. INTERVAL:	12. COUNTY OR PARISH 13. STATE
AT TOTAL DEPTH:	Lea New Mexico
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA	14. API NO. # 71. 1
	15. ELEVATIONS (SHOW DF, KDB, AND WD
	3799.4 GL
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: * TEST WATER SHUT-OFF   TEST WATER SHUT-OFF	
FRACTURE TREAT	
SHOOT OR ACIDIZE	그 그 그 그 사람들이 그 사람이 그 그
REPAIR WELL	(NOTE: Report results of multiple completion or zon change on Form 9–330.)
MULTIPLE COMPLETE	
CHANGE ZONES	그 그는 그 의 회원진품 그 회의 원화상이 그 :
ABANDON*	그 그는 항상 회장들은 사람 회복당과 생
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 di measured and true vertical depths for all markers and zones pertinent	rectionally drilled, give subsurface locations and
measured and true vertical depths for all markets and zones pertinent	t to tins work.)
Upper Wolfcamp zone was shut-in on 2/1/71 be economical to produce. Put Upper Wolfcamp z	
3/8/80.	
T.	$\frac{1}{2}$
	رالأقافلات ما تا تا تا تا
្រុ	
7.5	MAR 13 1980 F
	S. GEOLOGICAL SURVEY HOBBS, NEW MEXICO
Subsurface Safety Valve: Manu. and Type	Set @ F
18. I hereby cortify that the foregoing is true and gorrect	
SIGNED Say S. Shuson ITLE Office Manage	er DATE 3/10/80
(This space for Federal or State office	
APPROVED BY	DATE
COMPLITIONS OF APPROVAL, IF ANY:	<u>-</u> - <del>-</del> - <del>-</del> - <del>-</del> - <del>-</del> - <del>-</del> - <del>-</del>

COMMUNICATION OF THE TOTAL PROPERTY.

RECEIVED

MAR 1 8 1980

THE GONSERVATION DIV.