Si. G.				
P. 0		F- 4		
Dec. 1973	882 <b>40</b>	Form Approve Budget Burea	ed. u No. 42–R1424	
UNITED STATES	5. LEASE		-	
DEPARTMENT OF THE INTERIOR	NM-40452		· .	
GEOLOGICAL SURVEY	6. IF INDIAN, A	LLOTTEE OR TR	IBE NAME	
SUNDRY NOTICES AND REPORTS ON WELLS	7. UNIT AGREE	MENT NAME		
(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.)	8. FARM OR LE	ASE NAME	<del></del>	
1. oil gas other	Sprinkle  9. WELL NO.		<del></del>	
2. NAME OF OPERATOR	2	•		
TXO Production Corp.	10. FIELD OR WI	I DCAT NAME		
3. ADDRESS OF OPERATOR		Plains Upp	er Bone Sp	rings
900 Wilco Bldg. Midland, TX 79701	11. SEC., T., R.,			711g5
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) 660	AREA Sec. 26, T-18-S, R-32-E			
AT SURFACE: FNL & 1980 FWL AT TOP PROD. INTERVAL:	12. COUNTY OR Lea	PARISH 13. S		
AT TOTAL DEPTH:	14. API NO.	-   Ne	w wextoo	
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA	15. ELEVATIONS	(SHOW DF. K	DR AND WD)	
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	3758 GL &	3773 KB		
TEST WATER SHUT-OFF				
FRACTURE TREAT SHOOT OR ACIDIZE			<del></del> .	
REPAIR WELL DEPARTMENT OF THE PULL OR ALTER CASING DEPARTMENT OF THE PULL OF THE	(NOTE: Report res		mpletion or zone	
MULTIPLE COMPLETE	change or	Form 9–330.)	Ψ,	
CHANGE ZONES				
(other) re-entry procedures	•		•	•
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state including estimated date of starting any proposed work. If well is dimeasured and true vertical depths for all markers and zones pertinen		ails, and give po give subsurface	ertinent dates, locations and	
10-16-85 Chain out of hole. Hole in		a a		
& TIH. Wash & ream 30' to be	DOX OI 2nd D	C. Change	D1t	
thru 10-19-85.	occom. Drig.	, / // 0 HO	re .	
10-20-85 TOH f/Logs, RU & logging		Madriy		
10-21-85 Running 5 1/2" csg. Logging.	. Change out	5 1/2" cs	g rams.	
ACCEPTED FOR RECOR	ם			
Sun			•	
OCT 29 1985				
SAME TO SEE			•	
Subsurface Safety Valve: Manu. and Type	- <u>-</u>	Set @	Ft.	
18. I hereby certify that the foregoing is true and correct			-	
SIGNED MICHELLE Engr. Asst	DATE	10-23-85 ′		
(This space for Federal or State offi	Ce use)	<del></del>		

\_\_ DATE \_

\_\_\_ TITLE \_\_