

U.S. DEPT. OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
AUG 15 1985
U.S. DEPT. OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
U.S. DEPT. OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

11-11-83

Form 9-331
Dec. 1973

Form Approved.
Budget Bureau No. 42-R1424

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.)

5. LEASE	NM 077002
6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
7. UNIT AGREEMENT NAME	
8. FARM OR LEASE NAME	Nellis Federal
9. WELL NO.	#3
10. FIELD OR WILDCAT NAME	Wildcat Bone Springs
11. SEC. T., R., M., OR BLK. AND SURVEY OR AREA	6-19-33
12. COUNTY OR PARISH:	13. STATE
Las	NM
14. API NO.	
15. ELEVATIONS (SHOW DF, KDB, AND WD)	
3700 GL	

REQUEST FOR APPROVAL TO:

SUBSEQUENT REPORT OF:

- TEST WATER SHUT-OFF
FRACTURE TREAT
SMOOT OR ACIDIZE
REPAIR WELL
PULL OR ALTER CASING
MULTIPLE COMPLETE
CHANGE ZONES
ABANDON*
(other)

- THE**

(NOTE: Report results of multiple tests on one or zone change on Form 9-330.)

RECEIVED
DEC 9 1 52 PM '83
DUN. OFF. LAND MGMT.
ROSWELL, N.M.

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 measurements and true vertical depths for all markers and zones pertinent to this work.)^a

11/8/83 Pull rods & pump out of hole.
11/9/83 Load hole with mud mixed @ 25 bags gel/100 sx water. POOH with tubing.
Set CIBP @ 8750' and capped with 35' cement.
11/10/83 Shoot 5-1/2" casing off @ 4087 G.L. and POOH.
11/11/83 Set 10 sx plug @ surface, mixed @ 14.18/gal for 41' total plug length.
Weld cover on casing strings and erect dry hole marker. To do dirt
work in future.

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

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

SIGNED [Signature] TITLE Superintendent DATE 12/6/83

Orig. Sub. (This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL IF ANY: _____