DEPARTMENT OF THE HATERIOR AND	5. LEASE 8249 NM-40452 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
1. oil gas	8. FARM OR LEASE NAME Sprinkle Federal 9. WELL NO.
2. NAME OF OPERATOR	3
TXO Production Corp. 3. ADDRESS OF OPERATOR	10. FIELD OR WILDCAT NAME
900 Wilco Bldg. Midland, TX 79701 4. LOCATION OF WELL (REPORT LOCATION CLEARLY, See space 17	Querecho Plains (Upper Bone Springs 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
below.) AT SURFACE: 2310' FNL & 330' FWL AT TOP PROD. INTERVAL: AT TOTAL DEPTH:	Sec. 26, T-18-S, R-32-E 12. COUNTY OR PARISH 13. STATE Lea New Mexico
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	14. API NO.
REPORT, OR OTHER DATA REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	15. ELEVATIONS (SHOW DF, KDB, AND WD) 3757' GL & 3768' KB
TEST WATER SHUT-OFF	(NOTE: Report results of multiple completion or zone change on Form 9–330.) \
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 locations and measured and true vertical depths for all markers and zones pertinent to this work.)*	
3-27-86 Rn 217 jts. 5-1/2" csg, 17# & 15.5#. Set @ 8710'. Pump 500 gal. mud flush w/200 sx 50/50 POZ "H" 2% CaCl. TD 7-7/8" hole @ 8710'.	
3-28-86 TOC @ 7720'. WOCU 3-31-86 Bone Springs perfs 8502-8518	Daw C / 411
4-02-86 Spt w/250 gal. 15% NEFE. Set a-03-86 Bone Springs perfs 8541-8568 Spt w/250 gal. 15% NEFE. Set Rls pkr. Set pkr @ 8374' w/2 15% NEFE.	et pkr 3 8374' w/15,000#. B. Perf w/4" gun, 7 holes. et pkr @ 8529' w/20.000#.
4-05-86 Frac w/39,000 gal. 40# gel.	§ 60.000# 20/40 snd
4-07-86 Remove frac head. Install E	30P. Set pkr @ 8374'. Test
4-07-86 Remove frac head. Install BOP. Set pkr @ 8374'. Test to 1500#. O.K. Install WH. Subsurface Safety Valve: Manu. and TypeFt.	
18. I hereby certify that the foregoing is true and correct	
SIGNED CICALENCISM TITLE Engineering Assiste 4-10-86	

(This space for Federal or State office use)

_ TITLE _

APPROVED BY ________CONDITIONS OF APPROVAL, IF ANY:

____ DATE ___

*See Instructions on Reverse Side pp. 1 1986