	N. M. M. CONS. COM		CX .	
for > 31 Dec	F. D. ECK FAR	~~ (Form Approved.
UNITED STATES	HOCES, MEM MEXT		LEASE	Budget Bureau No. 42-R1424
DEPARTMENT OF THE IN	TERIOR	J .	29-000	086
GEOLOGICAL SURVE	Y	6.	·· · · · · · · · · · · · · · · · · · ·	LLOTTEL OR TRIBE NAME
SUNDRY NOTICES AND REPOR (Do not use this form for proposals to drill or to deeper reservoir, Use Form 9–331–C for such proposals.)			UNIT AGREE	
1 oil		8.	FARM OR LE	asename or Federal
i. oil gas well well other		9.	WELL NO.	
2. NAME OF OPERATOR				8-1
St. Clair Energy Corporation 3. ADDRESS OF OPERATOR				Seven Rivers
501 First Nat'l Bank Bldg., N		11.		M., OR BLK. AND SURVEY OR
4. LOCATION OF WELL (REPORT LOCATION (below.)	080' FSL & 660'	Se	area ec. 25, T-	-19-S, R-34-E
AT SURFACE: FFI Sec 2	25, T-19-S.	12.	COUNTY OR	PARISH 13. STATE
AT TOP PROD. INTERVAL: R-34-E			Lea	New Mexico
16. CHECK APPROPRIATE BOX TO INDICATE	NATURE OF NOTICE	14.	API NO.	
REPORT, OR OTHER DATA	Annone of Morioe,	15.	ELEVATIONS	(SHOW DF, KDB, AND WD)
REQUEST FOR APPROVAL TO: SUBSEC	UENT REPORT OF:		376	52 KDB
REPAIR WELL Image: Complete comp		(N)	OTE: Report res change on	aults of multiple completion or zone Form 9–330.)
 17. DESCRIBE PROPOSED OR COMPLETED OF including estimated date of starting any primeasured and true vertical depths for all matrix TD 5150 PB 1) Set 25 Sx Bottom plug over 2) Set 25 Sx plug @ 2100' in 3) Shot 5½ casing @ 1750' & 4) Set 35 Sx plug @ 1750' - 5) Tag plug @ 1600' 6) Set 40 Sx plug @ 267' Bot 7) Set 10 Sx plug @ surface 8) Weld cap on casing 9) Place well marker 10) Well site ready for final Cement applied by pump. Well filled with mud-lade Subsurface Safety Valve: Manu. and Type 18. I hereby certify that the foregoing is true and SIGNED	oposed work. If well is di arkers and zones pertinen STD 4218 er perf 3967-4075 5½ casing. Basi pulled out. Top salt. tom of 8 5/8" su 5-6-83 inspection n fluid by pump.	rfac	nally drilled, his work.)*	give subsurface locations and BUREAU OF LAND BUREAU OF LAND BUREAU
This s	pace for Federal or State offe	ce use)	
CONDITIONS OF APPROVAL IF ANY	TITLE		DATE -	9-1512

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*See Instructions on Reverse Side