Form 9-331 Dec. 1973

## UNITED STATES

Budget Bureau No. 42–R1424
5. LEASE
10 03/622/ a
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME  NMFU
8. FARM OR LEASE NAME  Sanderson A
9. WELL NO.
10. FIELD OR WILDCAT NAME
Fumont Qn. Gas  11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec 14, T 20 S R 361
Sec 14 7 20 S R 36 L
Lea KM.
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
(NOTE: Report Fedults of multiple completion or zone DGICAL Change on Form 9–330.) NEW MEXICO
all pertinent details, and give pertinent dates, ectionally drilled, give subsurface locations and to this work.)*
bject well as follows:
PBTD @ 3785' + 2000'.
630'-34', 3650', 3658'-46',

DEPARTMENT OF THE INTERIOR  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  **NMFU**
1. oil gas well other  2. NAME OF OPERATOR  Conce Inc.  3. ADDRESS OF OPERATOR  PO. Box 440. Hobbs IV.M. 88240  4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  AT SURFACE: 660'FS2 & FEL  AT TOP PROD. INTERVAL: AT TOTAL DEPTH:  16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA	9. WELL NO.  12  10. FIELD OR WILDCAT NAME  Eumont Qn. Gas  11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  Sec 14 7 20 S R 3GR  12. COUNTY OR PARISH 13. STATE  Lea KM.  14. API NO.  15. ELEVATIONS (SHOW DF, KDB, AND WD)
TEST WATER SHUT-OFF	(NOTE: Report FeYults of multiple completion or zone OGICAL Shenge on Form 9–330.) NEW MEXICO
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	t to this work.)*
Tt is proposed to perf. & acidize s  MIRU & tag for fill. Run PDC-GR log fro.  Perf. @ 3570-90', 3604'-08', 3616'-20', 3	m PBTD @ 3785' to 2000!
additional pay based on the logs.) Acidize  15% HCI -NE W additives . Flush , swab , 8	e perts. W 3000 gal.
Subsurface Safety Valve: Manu. and Type  18. I hereby certify that the foregoing is true and correct  SIGNED TITLE Admin Super V.	Set @ Ft.

APPROVED BY CONDITIONS OF APPROVAL, IF ANY NMEU-4

\*See Instructions on Reverse Side