SIGNED

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DEPARTMENT OF	THE	INTERIOR
GEOLOGICAL	SHR	VFY

UNITED STA	5. LEASE
DEPARTMENT OF THE INTERIOR	LC-034075
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
GEORGAIONE CONTEN	
SUNDRY NOTICES AND REPORTS ON WELLS	7. UNIT AGREEMENT NAME
	nt
(Do not use this form for proposals to drill or to deepen or plug back to a difference reservoir. Use Form 9–331–C for such proposals.)	O. TAKIN OK EDGE NAME 2 2 2
1. oil gas	C. J. SAUNDERS FEDERAL
	9. WELL NO. 24 3 4 3 4 3 4 4 4 4 4 4 4 4 4 4 4 4 4
2. NAME OF OPERATOR	<u> </u>
TEXACO Inc.	10. FIELD OR WILDCAT NAME Eunice Monument Grayburg San Andres
3. ADDRESS OF OPERATOR	Grayburg San Andres
P. O. BOX 728, Hobbs, New Mex. 8824 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 1)	40 11. SEC., T., R., M., OR BLK. AND SURVEY OR
below.)	Sec. 18, T-19-s, R-37-E
AT SURFACE: 1980' FSL & 1980' FEL	12. COUNTY OR PARISH 13. STATE
AT TOP PROD. INTERVAL (Unit Letter 'J')	Lea New Mexico
AT TOTAL DEPTH:	14. API NO. 그동조를 그 등록등
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE	· I · · · · · · · · · · · · · · · ·
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DE KDB AND WD)
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	3706 's (DF) 8 8 8 5 5
TEST WATER SHUT-OFF	96 6 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
FRACTURE TREAT	de fores
SHOOT OR ACIDIZE 🙀 🗍 REPAIR WELL 🗇	
PULL OR ALTER CASING	(NOTE: Report results of multiple completion or zone change on Form 3-330.)
MULTIPLE COMPLETE	change of Form 9-330.) As I make of the body and the change of the chang
CHANGE ZONES	Alton
(other)	
	<u> </u>
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly st including estimated date of starting any proposed work. If well is measured and true vertical depths for all markers and zones pertin	directionally drilled, give subsurface locations and ent to this work.)* المراجعة ا
1. Rig up. Pull rods & pump. Insta 2. Clean out.	병수 경도 이 그걸 끝래 이를 꾸
3. Set packer @ 3865'. Acidize w/15 w/45 Bbls. Water.	
4. Install pumping equipment. Test	& return to production.
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Control of the ACAPTA	
	선생님들이 걸음 화문빛의
Subsurface Safety Valve: Manu. and Type	Set @ Ft.
18. I hereby certify that the foregoing is true and correct	
SIGNED TITLE ASST. Dist	Supdate11-8-78
(This space for Federal or State of	office use)
APPROVED BYTITLE CONDITIONS OF APPROVAL, IF ANY:	DATE
	APPROVED
	1978
*See Instructions on Reverse	ACTING DISTRICT ENGINEER
	DISTRICT ENGINEER
	ACTING D.