N. M. OIL CONS. COMMISSION

Form 9-331 (May 1963)

UNITED STATESP. O. BOX 1998 IT IN TRIPLICA DEPARTMENT OF THE INTERIOR: VIRIALIZATION 88240

NM 29704

	Form a Budget	pprove Burea	ed. 10 N	o. 42 –R	:1424.
LEASE	DESIGN	ATION	AND	SERIAL	NO.

GEOLOGICAL SURVEY

SUNDRY	NOTICES	AND	REPORTS	ON	WELLS
JU11DN 1	11011663	\neg		\mathbf{v}	** LLLJ

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

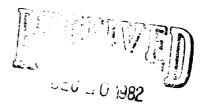
	(Do not use this form for prop Use "APPLIC	osals to drill or to deepen or plug back to a different reservoir. CATION FOR PERMIT" for such proposals.)		
ī.	OIL GAS WELL OTHER		7. UNIT AGREEMEN	T NAME
2.	NAME OF OPERATOR		8. FARM OR LEASE	NAME
	Julian Ard		South Teas	Federal
3.	ADDRESS OF OPERATOR		9. WELL NO.	
	P. O. Box 17360,	Fort Worth, TX 76102	1	
4.	LOCATION OF WELL (Report location See also space 17 below.)	10. FIELD AND POO	L, OR WILDCAT	
	At surface 1980' FNL & 23	Wildcat		
	1900 INL 6 2	11. SEC., T., R., M., SURVEY OR		
		Sec. 23, T	20S, R33E	
14.	. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.)	12. COUNTY OR PA	RISH 18. STATE
		3617' GR	Lea	New Mexico
16.	Ch I. A	D. T. I. D. Al. (N. D.	0.1 D	

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:			SUBSEQUENT REPORT OF:			
		1				1
TEST WATER SHUT-OFF		PULL OR ALTER CASING		WATER SHUT-OFF	REPAIRING WELL	
FRACTURE TREAT		MULTIPLE COMPLETE		FRACTURE TREATMENT	ALTERING CASING	
SHOOT OR ACIDIZE		ABANDON*		SHOUTING OR ACIDIZING	ABANDONMENT*	
REPAIR WELL	L	CHANGE PLANS		(Other)	Casing Record	X
(Other)				(NOTE: Report resul	its of multiple completion on Well apletion Report and Log form.)	

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.) *

5-01-82 Ran 621' of 13 3/8" J-55, 54.50# casing, cemented with 255 sacks Western Lite & 250 sacks Class "C". Plug down @ 1am, 5-2-82.



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18. I hereby certify that the foregoing is true and correct SIGNED Any Holley	TITLE Production Agent	DATE
(This space for Federa A OCEPT POCFOR) RECORD		
APPROVED BY (ORIG. SCD.) DAVID R. GI	ASS	DATE

RECEIVED

OEC 22 1982

MORRS OFFICE