UNITED STATES DEPARTMENT OF THE INTERIOR **GEOLOGICAL SURVEY**

		, Budget Bur	eau N	o. 42–R142	4
	5. LEASE		S	基基基	
	LC-067	7908	=	a * t.	_
l	6. IF INDIAN, AL	LOTTEE OR	TRIBE	NAME	
		• 		્રે દ્	
İ	7. UNIT AGREEN	MENT NAME	2	<u>.</u>	
ent		-	:		
ent	8. FARM OR LEA	SE NAME	¥.	<u> </u>	_
		Elliott	=	Libra per ber 18 da 3 fen 19 da barga	
	9. WELL NO.		5	<u> </u>	_
	1	를 등 5 중	<u>:</u>	\$ F	
	10. FIELD OR WIL	DCAT NAME		0.00 m	_
		ry		351	
	11. SEC., T., R.,			SURVEY C)R
17	AREA			. E 5. E	
-,	Sec. 35	T21S.	2 R3	7E 📜	
	12. COUNTY OR	·	•		
	Lea	1 i	NM ?	£ '-	
	14. API NO.	3 2 2 3	= 6	E 1 5	_
Œ,		出しま算し	<u>.</u> :		
	15. ELEVATIONS	(SHOW DF	KDB	, AND W	D)
	KDB 337	81-5	-		_
				- 1 -	_
i		:		Cobini Tuly or Jank Lo	
ש ל			: 	/항송동 -	

SUNDRY NOTICES AND REPORTS ON WELLS (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.) 1. oil [X other well well 2. NAME OF OPERATOR MORANCO 3. ADDRESS OF OPERATOR Box 1860, Hobbs, NM 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space AT SURFACE: Unit E, 1980 FNL & 560 FWL AT TOP PROD. INTERVAL:Blinebry 5634-5772' AT TOTAL DEPTH: TD 6549' (Drinkard) 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE REPORT, OR OTHER DATA SUBSEQUENT REPORT OF: REQUEST FOR APPROVAL TO: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE Report results of multiple completion or zone change on Form 9-330.) REPAIR WELL **PULL OR ALTER CASING** U. S. GEOLOGICAL SURVEY MULTIPLE COMPLETE **CHANGE ZONES** HOBBS, NEW MEXICO ABANDON* Commingle (other) 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.)* ể <u>-</u> ≟ 3 1979,) Commingle Blinebry & Drinkard zones (April Proposal: E STATE 1. Pull tubing & Brown 2" X 7" BP-4 packer. 2. Remove Model "B" expendable plug from Baker Model " D" packer. 3 3. Acidize perforations 5634-6459'. 4. Run tubing and place well on production. Subsurface Safety Valve: Manu. and Type ___ 18. I hereby certify that the foregoing is true and correct April 4, 1979 Agent _ DATE _ TITLE _ SIGNED (This space for Federal or State office in TITLE . APPROVED BY CONDITIONS OF APPROVAL, IF ANY:

3 ACTING DISTRICT ENGINE See Instructions on Reverse Side