UNITED STATES DEPARTMENT OF THE INTERIOR

USGS (5), NMFU (4), FILE

UNITED STATES DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY	5. LEASE 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 9–331–0 for such proposals.)	7. UNIT AGREEMENT NAME SEMU 8. FARM OR LEASE NAME.
1. oil X gas other	SEMU Mckee 9. WELL NO.
2. NAME OF OPERATOR CONTINENTS / O. / COMPONY 3. ADDRESS OF OPERATOR . /	10. FIELD OR WILDCAT NAME Warren MCKee
Box Ubo Hobbs, N.M. 88740 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
AT SURFACE: 660' FSL + 660' FWL AT TOP PROD. INTERVAL: 52 MP AT TOTAL DEPTH:	50c, 20, 7-205, R-38E 12. COUNTY OR PARISH 13. STATE 10. N.M.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA	14. API NO. 15. ELEVATIONS (SHOW DF, KDB, AND WD)
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	3550' DF
TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL PULL OR ALTER CASING MULTIPLE COMPLETE CHANGE ZONES ABANDON* (other) Convey & Jan X	(NOTE: Report results of multiple completion or zone change on Form 9–330.)
Water Injection as follows! I hoad the well with Trooked	to this work.)* 5 4 6 Tact Woll TO Evas h Water. 5 TOP OF Fish at ± 8900', 5 + Csp yo ± 500 Ps/for Lack. 2 500 Ps/. 2 500 Ps/. 2 Turk Tbg + Pkr, TOP of
Flange up wellhood + Connect the Inj. Live Subsurface Safety Valve: Manu. and Type	P. NNOCC R-5631 de led 1-24-7
18. I hereby certify that the foregoing is true and correct SIGNED TITLE ADMIN. SO	PV. DATE 4-26-78
APPROVED BY TITLE CONDITIONS OF APPROVAL. IF ANY:	PATE PPROVED
	MAY 1 19/8