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

SUNDRY NOTICES AND REPORTS ON WELLS

	Budget Bureau No. 42-R1424
	5. LEASE
-	LC-030557(a)
	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
	7. UNIT AGREEMENT NAME
١t	NMFU
_	8. FARM OR LEASE NAME
	Farney A-5
	9. WELL NO.
	2
	10. FIELD OR WILDCAT NAME
	Jamat Yates 7 RVrs Queen 11. SEC., T., R., M., OR BLK. AND SURVEY OR
	11. SEC., T., R., M., OR BLK. AND SURVEY OR
7	l AREA
	Section 5 T-23S R-36E 12. COUNTY OR PARISH 13. STATE
	12. COUNTY OR PARISH 13. STATE
	Lea NM
	14. API NO.
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(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.) gas M well well 3. P.O. BOX 400, OFERATOR ... 88240 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 1 1980' FSL & 660' FEL AT SURFACE: AT TOP PROD. INTERVAL: AT TOTAL DEPTH: 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, 15. ELEVATIONS (SHOW DF, KDB, AND WD) REPORT. OR OTHER DATA SUBSEQUENT REPORT OF: REQUEST FOR APPROVAL TO: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE (NOTE: Report results of multiple completion or zone REPAIR WELL change on Form 9-330.) PULL OR ALTER CASING MULTIPLE COMPLETE CHANGE ZONES ABANDON* (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.)* MIRU. Set CIBP @ 3250'. Packoff wellnead & pressure up to 500 psi. Test for 30 minutes. Will notify BLM before workfas started. AFFROVED FOR 12 MONTH PERICO DIDING 3/1/86 Upen Completion of Satisfactory well tout. Subsurface Safety Valve: Manu. and Type ___ 18. I hereby certify that the foregoing is true and correct (This space for Federal or State office use)