4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) AT SURFACE: See below AT TOP PROD. INTERVAL: AT TOTAL DEPTH: 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: TEST WATER SHUT-OFF	Form 9–331 Dec. 1973	Form Approved. Budget Bureau No. 42–R1424
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CARISBAD, NEVAMEXICO Subsurface Safety Valve: Manu. and Type	MAR 6 1986	
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