

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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-C for such proposals.)

1. oil well <input checked="" type="checkbox"/> gas well <input type="checkbox"/> other <u>Temporarily Abandoned</u>	5. LEASE <u>LC-032579(e)</u>
2. NAME OF OPERATOR <u>National Cooperative Refinery Association</u>	6. IF INDIAN, ALLOTTEE OR TRIBE NAME <u>-</u>
3. ADDRESS OF OPERATOR <u>2215 Wilco Building, Midland, Texas 79701</u>	7. UNIT AGREEMENT NAME <u>-</u>
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) AT SURFACE: <u>1730' FNL, 330' FWL of Section 1</u> AT TOP PROD. INTERVAL: AT TOTAL DEPTH:	8. FARM OR LEASE NAME <u>Westates Federal</u>
	9. WELL NO. <u>5</u>
	10. FIELD OR WILDCAT NAME <u>Justis Blinbry</u>
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Sec 1, T-25-S, R-37-E</u>
	12. COUNTY OR PARISH <u>Lea</u>
	13. STATE <u>New Mexico</u>
	14. API NO. <u>-</u>
	15. ELEVATIONS (SHOW DF, KDB, AND WD) <u>3140' DF</u>

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:	SUBSEQUENT REPORT OF:
TEST WATER SHUT-OFF <input type="checkbox"/>	<input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	<input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE <input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES <input type="checkbox"/>	<input type="checkbox"/>
ABANDON* <input type="checkbox"/>	<input type="checkbox"/>

(other) Conduct casing leak survey in order to continue temporarily abandoned status.

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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.)*

The following testing program for casing leaks is submitted for approval:

- 1) Pressure up 5 1/2" production casing to 500# and check leakoff to see that it does not exceed 10% in 15 minutes.
- 2) Observe pressure on surface and intermediate casing while pressure is on production casing.
- 3) Notify Bureau of Land Management office in Hobbs, New Mexico at least 48 hours prior to test in order that a field inspector may witness the test.

Subsurface Safety Valve: Manu. and Type TURNING Set @ 1000' Ft.

18. I hereby certify that the foregoing is true and correct

SIGNED B. J. Hinson TITLE Dist. Prod. Supt. DATE 7-20-84

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE [Signature] DATE 3-5-85

CONDITIONS OF APPROVAL, IF ANY: OK

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