• Contraction of the second	Form Approved.
Form 9–331	Budget Bureau No. 42–R1424
Dec. 1973. UNITED STATES DEPARTMENT OF THE INTERIOR	5. LEASE LC-032579(e)
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
SUNDRY NOTICES AND REPORTS ON WELLS	7. UNIT AGREEMENT NAME
(Do not use this form for proposals to drill or to deepen or plug back to a differ reservoir. Use Form 9-331-C for such proposals.)	8. FARM OR LEASE NAME Westates Federal
1. oil gas dther Temporarily Abandone	ed 9. WELL NO.
2. NAME OF OPERATOR National Cooperative Refinery Association	10. FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR 2215 Wilco Building, Midland, Texas 79701	North Justis, McKee & Ellenburger 11. SEC., T., R., M., OR BLK. AND SURVEY OR
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space	AREA Sec 1, T-25-S, R-37-E
below.) AT SURFACE: 330' FNL, 330' FWL of Section 1 AT TOP PROD. INTERVAL:	12. COUNTY OR PARISH13. STATELeaNew Mexico
AT TOTAL DEPTH:	14. API NO.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTI REPORT, OR OTHER DATA	ICE, 15. ELEVATIONS (SHOW DF, KDB, AND WD) 3146' KB
SHOOT OR ACIDIZE	(NOTE: Report results of multiple completion or zone change on Form 9-330.) continue temporarily abandoned status
<ol> <li>DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly including estimated date of starting any proposed work. If wel measured and true vertical depths for all markers and zones pe</li> </ol>	rtinent to this work.)*
The following testing program for casing	leaks is submitted for approval:
<ol> <li>Pressure up 5 1/2" production casing to 5 it does not exceed 10% in 15 minutes.</li> </ol>	500∦ and <mark>check leakoff to see that</mark>
2) Observe pressure on surface and intermed production casing.	iate casing while pressure is on
3) Notify Bureau of Land Management office hours prior to test in orderAthat a fiel APROVED FOR	in Hobbs, New Mexico at least 48 d inspector may witness the test. /Z. MONTH PERIOD
ENDING 34160	, ** <b>;</b> c
Subsurface Safety Valve: Manu, and Type	rig se lisfactory Set @ Ft.
<b>18.</b> Thereby certify that the foregoing is true and correct	d. Supt
	tote office use)
APPROVED BY TITLE DIST. Pro	DATE 3-5-85
CONDITIONS OF APPROVAL, IF ANY:	

\*See Instructions on Reverse Side

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