## N. M. OIL COMS. COMMISSION

P. O. BOX . .0

## Form Approved. HOBBS, NEW MEXICO 88240 Form 9-331 Budget Bureau No. 42-R1424 Dec. 1973 UNITED STATES 5.-LEASE DEPARTMENT OF THE INTERIOR NM-0108997-B 6. IF INDIAN, ALLOTTEE OR TRIBE NAME GEOLOGICAL SURVEY 7. UNIT AGREEMENT 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-C for such proposals.) 8. FARM OR LEASE NAME FARRELL FEDERAL 1. oil well IXX other 9. WELL NO. well 19 2. NAME OF OPERATOR JOE E. BROWN 10. FIELD OR WILDCAT NAME CHAVEROO SAN ANDRES 3. ADDRESS OF OPERATOR P.O. BOX 543, LOVINGTON, NEW MEXICO 88260 11. SEC., T., R., M., OR BLK. AND SURVEY OR **AREA** 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 SEC.28, T.7 S., R.33 E. AT SURFACE: 1310'FNL & 1330'FWL OF SEC.28 12. COUNTY OR PARISH 13. STATE AT TOP PROD. INTERVAL: NEW MEXICO ROOSEVELT AT TOTAL DEPTH: 14. API NO. 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA 15. ELEVATIONS (SHOW DF, KOR 4407.3 GL SUBSEQUENT REPORT OF: REQUEST FOR APPROVAL TO: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (NOTE: Report results of multiple con change on Form 9-330.) PULL OR ALTER CASING MULTIPLE COMPLETE **CHANGE ZONES** ABANDON\* CHANGE CEMENTING PROGRAM (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.)\* THE APPLICATION FOR PERMIT TO DRILL THE ABOVE DESCRIBED WELL WAS APPROVED SUBJECT TO THE STIPULATION THAT THE 4-1/2"CASING BE CEMENTED WITH SUFFICIENT CEMENT TO TIE BACK TO THE SURFACE CASING. IT IS REQUESTED, INASMUCH AS THE SURFACE CASING IS TO BE SET IN THE RUSTLER ANHYDRITE WITH CEMENT CIRCULATED, THAT THE ABOVE STIPULATION BE VOIDED AND THAT APPROVAL BE GIVEN TO CEMENT THE 4-1/2" CASING WITH SUFFICIENT CEMENT TO FILL 600 FEET ABOVE THE TOP OF THE PAY ZONE. \_\_\_\_ Set @ \_\_\_ \_ ... .\_ . Ft. Subsurface Safety Valve: Manu. and Type ertify that the foregoing is true and correct NOVEMBER 15. 1983 Agent . DATE . (This space for Federal or State office use)

(ORIG. SGD.) DAVID R. GLASS

APPROVED BY

CONDITIONS OF APPROVAL

DATE