Form 9-331 (May 1963)									Form approved. Budget Bureau No. 42-R1424. 5. LEASE DESIGNATION AND SERIAL NO. HM342 // -/ 3 / 0 / 7 6. IF INDIAN, ALLOTTES OR TRISS NAME		
(Do not u	SUNDR	Y NO	TICES A	ND R	EPORTS epen or plug for such 1	ON WE back to a deproposals.)	LLS ifferent reservo	ir.	, , , , , , , , , , , , , , , , , , , ,		
(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use "APPLICATION FOR PERMIT—" for such proposals.)									7. UNIT AGRESMENT NAME		
OIL GAS WELL XX OTHER SWD											
2. NAME OF OPERATOR									8. FARM OR LEASE NAME		
Roger C. Hanks 79701 2700 Wilco Bidg., Midland, Texas 79701									Monsanto Foster		
									1		
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface RECEIVED									Undesignated 11. SEC., T., E., M., OR BLK. ASS- SURVEY OF AREA		
14. PERMIT NO.			15. EL	3531			D. C. C.		Eddy	New Mexico	
16.		Check A	pproprie	nte Box T	o Indicate	Nature of	Notice, Rep	ort, or C	ther Data		
	NOT	CE OF INT	ENTION TO	:		1		SUBSEQU	ANT REFORM OF:	4 7 3 3 3 5 7	
TEST WATER	SHUT-OFF		PULL OR	ALTER CASI	Ne	w.	ATRE SEUT-OFF		REPAIRE	. WYLL	
FRACTURE TI			MULTIPLE	COMPLET	•	i	ACTURE TREATS		ALTERING	CYSTHE	
SHOOT OB AC	:Di##		ABANDON	•			EDA #6 BRITODE		ARANDONI	V.	
REPAIR WEL	.		CHYNCE ;	PLANS		(0	ther) Deep	ant recults	of multiple complette	Mar On Well	
(Other)				(0) - 1		unt dataile	Completion	or Recomp	including settmated	form.)	
proposed v	work. If w	MPLETED O	PERATIONS tionally dr	(Clearly St	subsurface lo	mtions and	measured and	true vertic	al depths for all mari	ters and zones perti-	
nent to thi						34	•				
6/5/74 -	Set pa	cker a	t 10,02	29' , hy	droteste	dAtubir	ng in hol	e at 40	00#. Packer	Guiberson	
	Model	1-30	Pumper	1 155 b	hls. of	packer	fluid. se	t packe	r press. up t	to test	
	packer	', no 1	eaks, t	oleed p	ress. of	t and s	started d	ısposır	g of water.		
										ogi edgaa	
									5 ± ± 13		
			¥2								
									.9	그런 학교의 최 시	
								₹/			
								,	1		
		<i>i</i> .							12.		

18. I hereby certify that the Programs is true and correct
SIGNED HANGEMAN MOLDEN

(This space for Federal or State office (See)

AD COMPTIONS OF APPROVAL, IF ANY:

ACTING DISTRICT ENGINEER

*S.

*See Instructions on Reverse Side

TITLE .

TITLE

Production Clerk

DATE 6/13/74

DATE