N. M. D. C. C. COPY

copy IJ.

	44. 44. 10. -1	Ocher instruction on re	Budget Bureau No. 12-	1:24.
DEF	PARTMENT OF THE INTER	IOR (Other Instruction on re	5. LEASE DESIGNATION AND SERIAL	
	GEOLOGICAL SURVEY		NM 032240	
CLIVID DV		ON WELLS	6. IF INDIAN, ALLOTTEE OR THIBE	AME
	NOTICES AND REPORTS			
(Do not use this form for Use ".	or proposals to drill or to deepen or plug APPLICATION FOR PERMIT—" for such	proposals.)		
			7. UNIT AGREEMENT NAME	
WELL GAS GAS GAS	OTHER		,	
NAME OF OPERATOR			8. FARM OR LEASE NAME	
Southwestern Natural Gas, Inc.			Tenneco - Federal	
ADDRESS OF OPERATOR			9. WELL NO.	
412 First State Bank Building, Midland, Texas			٦	
LOCATION OF WELL (Report location clearly and in accordance with any State requirements.			10. FIELD AND POOL, OR WILDCAT	
See also space 17 below.) At surface			and, Lusk - Strawn	
660' FSL and 660' FEL Sec. 28, T-19-S, R-31-E, NMPM			11. SEC., T., B., M., OR BLK. AND	
660' FSL and 660	· FEL Sec. 20, T-19-5, K-	OT-E MARM	SURVEY OR AREA	3 7
			Sec. 28, T-19-5, R-) _ .
, PERMIT NO.	15. ELEVATIONS (Show whether I	F RT CR etc.)	12. COUNTY OR PARISH 13. STATE	
PERMIT NO.			Eddy New Ne	
	3469.2' ground]	evet	1 Eddy Lieb Fac	<u> </u>
Ch	neck Appropriate Box To Indicate	Nature of Notice, Report, or (Other Data	
	OF INTENTION TO:		UENT REPORT OF:	
NOTICE				:
TENT WATER SHUT-OFF	PULL OR ALTER CASING	WATER MIEUT-OFF	REPAIRING WELL	į
FRACTURE TREAT	MULTIPLE COMPLETS	FRACTURE TREATMENT	ALTERING CASING	
SHOOT OR ACIDIZE	ABANDON*	SHOOTING OR ACIDIZING	ABANDONMENT*	ł
REPAIR WELL	CHANGE PLANS	(Other) setting Of	surface casing	
(Other)	-	(Note: Report result	s of multiple completion on Well pletion Report and Log form.)	
DESCRIPE PROPOSED OR COMPL	ETED OPERATIONS (Clearly state all pertine is directionally drilled, give subsurface loc	nt details, and give pertinent dates	, including estimated date of starth	gang
.5 of 1% R-5, 3%	-3/8", 11.60# casing, set salt, plus 150 sx neat.	Circulated 49 sx. (cement circulated	
to surface. Wor	k performed 7-2-66.			
	-			
			Some of the	
	RECEIVE	5	ECENED 1966 SUPVER	
	RECEIVE		E a cal it will	
	- -	Y	W WILL SIDE	
	ALIG 2 1966		RE COLUMEN	
	AUG 2 1966		GE IA.	
			1.2.162.	
	D. C. C.		O W.	
	ARTEBIA, OFFICE			
. I hereby certify that the for	regoing is true and correct			
SIGNED //				
	Mickey TITLE O	ffice Manager		
(This space for ederal or	0	ffice Manager	date 7-22-66	
		ffice Manager	<u> </u>	
ATTOWER BY	0	ffice Manager		
APP OVED BY	state office use)	ffice Manager		
ONDITIONS OF PPROV.	state office use)	ffice Manager		
011G 2 1960	State office use) TITLE	ffice Manager		
AUG DEL NIMAN DEL NIMAN	State office use) TITLE	ffice Manager ns on Reverse Side		