Form 9-33. Dec. 1971

UNITED STATES

5.	LEASE		
	NM	14973	
6.	IF INDIAN,	ALLOTTEE OR TRIBE NAME	_

REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: TEST WATER SH JT-OFF	OKCEP 3, 1120	3. LEASE
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9. WELL NO. 2. NAME OF CHERATOR DOME PETPOLEUM COTD. 3. ADDRESS OF OPERATOR 591 Airport Drive, Suite 114, Farmington, New Mexico 87401 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 Delow. LY SURFACE 1850' FML, 1850' FEL AT TOTAL DIFTH: AT TOTAL DIFTH: 16. CHECK APPFOPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: TEST WATER SHJT-OFF RACTURE TREAT SHOOT OR ACID ZE REPARR WELL DILL OR ALTER CASING MULTIPLE COMPLETE CHANGE CHANGE COMPLETE CHANGE CH	(Do not use this form 1 for proposals to drift of to deepen of plug back to a different reservoir. Use Form \$-331-C for such proposals.)	8. FARM OR LEASE NAME
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APPROVED BY CONDITIONS OF APPROVAL, IF ANY: