DEC 1 8 1964 E. A. COLYMIDT

UNITED STATES DEPARTMENT OF THE INTERIOR (Other instructions on reverse side)

I	WL	I	IAITIA	1	Oi	1	1	1 -	1	11		<u> </u>	١,
			GFOL	O	GICA	L		SU	R	V	E'	Y	

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

The North American Tripal Lease

	Contract_/11-20-504-82					
SUNDRY N (Do not use this form for p Use "APP	6. IF INDIAN, ALLOTTEE OF TRIBE NAME Ute Kountain Tribal of					
Use "APP	LICATION FOR PERMIT— for such j	roposais.)	7. UNIT AGREEMENT	NAME		
OIL GAS OTHI	ER					
NAME OF OPERATOR			8. FARM OR LEASE N.	AME		
Southern Union Pro	duction Company -		9. WELL NO.	B		
ADDRESS OF OPERATOR	mington, New Hexico		1.70			
LOCATION OF WELL (Report locat	ion clearly and in accordance with an	State requirements.*	10. FIELD AND POOL,	OR WILDCAT		
See also space 17 below.) At surface			Varde (allum 11. SEC., T., R., M., 61	DIE AND		
660 feet from the 3	south line and 1980 fee	t from the East line	SURVET OR AR	b'A		
			Sec. 17, T-31	n, n-lyn		
PERMIT NO.	15. ELEVATIONS (Show whether I	F, RT, GR, etc.)	12. COUNTY OF PARIS	SH 13. STATE		
	57h8 Derrick Fl	007	San Juan	New Mexico		
Check	k Appropriate Box To Indicate	Nature of Notice, Report, o	r Other Data			
	INTENTION TO:		SEQUENT REPORT OF:			
TEST WATER SHUT-OFF	PULL OR ALTER CASING	WATER SHUT-OFF	REPAIRING	WELL		
FRACTURE TREAT	MULTIPLE COMPLETE	FRACTURE TREATMENT	ALTERING	CASING		
SHOOT OR ACIDIZE	ABANDON*	SHOOTING OR ACIDIZING	ABANDONN	ENT*		
REPAIR WELL	CHANGE PLANS	(Other) Report res	ults of multiple completion Report and Log	n on Well		
90 sacks of cer 6. Fill open hole 7. Set 50 sacks cer 8. Set 10 sacks cer	g in stub of 5-1/2" casement. This plug will he from top of comment plug ment plug across bottom ment plug in top of sum of dry hole marker, clear	e across the bottom; to 90 feet w/9.0# (to 13-3/8" surface face casing.	of the Point Lo brilling wad, casing from ho	ockeut format		
I hereby certify the the old			Min.			
(This space for Federal or Sta		-illing Superintende	or DATE DEC.	196 ¹ 15, 1961		
APPROVED BYCONDITIONS OF APPROVAL	ate office use) TITLE Date office use) TITLE	dlling Superintende	ot DATE DEC.	15, 1964 IVED		
APPROVED BY	ate office use) TITLE TITLE TITLE		DEC 1	15, 1964 1 V E D		
APPROVED BYCONDITIONS OF APPROVAL	ate office use) TITLE TITLE TITLE	cons on Reverse Side	DE GE	15. 1981 1 V E D		