Check Ap		ature of Notice, Report, or C	Other Data	
	3358.8 Gr		Lea	New Mexico
0.		RT, GR, etc.)	12. COUNTY OR PARISH	
1980' FNL & 660' FEL		7-22S-38E		
10001 700 - ((01 77)			11. SEC., T., B., M., OR BLK. AND SURVEY OR AREA	
At surface		undesignated		
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)			10. FIELD AND POOL, OR WILDCAT	
				3
3. ADDRESS OF OPERATOR			9. WELL NO.	
SOLAR OIL COMPANY			Sims Federal	
2. NAME OF OPERATOR			8. FARM OR LEASE NAME	
GAS OTHER				-
1.			7. UNIT AGREEMENT NAME	
			6. IF INDIAN, ALLOTTEE	OR TRIBE NAME
GEOLOGICAL SURVEY			NM-029029-B	
DEPARTN	TOF THE INTERI	OR verse side)	5. LEASE DESIGNATION	AND SERIAL NO.
		SUBMIT IN TRIEFICATES	Form approved. Budget Bureau No. 42-R1424.	
0	SUNDRY NOTION OF WELL (Report location class of the page 17 below.) DEPARTM SUNDRY NOTION OTHER OTHER	SUNDRY NOTICES AND REPORTS Cot use this form for proposals to drill or to deepen or plug be Use "APPLICATION FOR PERMIT—" for such proposals to drill or to deepen or plug be Use "APPLICATION FOR PERMIT—" for such proposals to drill or su	DEPARTN T OF THE INTERIOR (Other Instruct' on re- GEOLOGICAL SURVEY SUNDRY NOTICES AND REPORTS ON WELLS of use this form for proposals to drill or to deepen or plug back to a different reservoir. Use "APPLICATION FOR PERMIT—" for such proposals.) WELL OTHER OPERATOR AR OIL COMPANY FOREATOR 5596, Midland, Texas OF WELL (Report location clearly and in accordance with any State requirements.* O' FNL & 660 FEL D. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)	DEPARTN T OF THE INTERIOR (Other Instruct' on re- GEOLOGICAL SURVEY SUNDRY NOTICES AND REPORTS ON WELLS of use this form for proposals to drift or to deepen or plug back to a different reservoir. **CAS** WELL OTHER OTHER OTHER OF OPERATOR AR OIL COMPANY F OPERATOR 5596, Midland, Texas OF WELL (Report location clearly and in accordance with any State requirements.* O' FNL & 660' FEL O' FNL & 660' FEL O' FNL & 660' FEL 15. ELEVATIONS (Show whether DF, RT, GR, etc.) On recompliance of the control of

(Other)

(Note: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

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 sones pertinent to this work.)

FRACTURE TREATMENT SHOOTING OR ACIDIZING

MULTIPLE COMPLETE

CHANGE PLANS

ALTERING CASING

FRACTURE TREAT

REPAIR WELL

Well temporarily shut-in on August 22, 1969 pending evaluation of work-over procedures.

8. I hereby certify that the proposing is true and correct SIGNED Smith	TITLE Production Clerk	DATE 9-17-69
(This space for Federal or State office (3e)	ACCEPTED FOR RECORD	o 1064
APPROVED BY	TITLE	DATE SEP 2 1 1964
CONDITIONS OF APPROVAL, IF ANY:	U. S. Gool. Survey, Hobbs 1985	

and the