orm	UP TED STATES	C. C. C. COPY	Form approved.
	DEPARTME OF THE I	(Other instruction	re- Budget Bureau No. 42-R1424.  5. LEASE DESIGNATION AND SERIAL NO.
	GEOLOGICAL SUR		LC 063567
	SUNDRY NOTICES AND REPO		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
	10- not use this form for proposals to drill or to deepen Use "APPLICATION FOR PERMIT—"		
	THE X GAS OTHER		7. UNIT AGREEMENT NAME
	SAME OF OPERATOR		S. FARM OR LEASE NAME
	Harvey E. Yates Company Fre Inc.		Yates Federal 9. WELL NO.
	Suite 1000, Security National Bank B		
•	the story well (Report location clearly and in accordance with any State requirements.*  See all space (T below.)  Morariace		10. FIELD AND POOL, OR WILDCAT
	330 F34 1650 FW	RECEIVED	McMillan Seven Rivers Queen 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
			Sec. 6, T-20S, R-27E
. i	15. BLEVATIONS (Show to	whether DF, RT, GR. 48.)9 1977	12. COUNTY OR PARISH 13. STATE Eddy N.M.
Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data			r Other Data
			SEQUENT REPORT OF:
	PULL OR ALTER CASING	WATER SHUT-OFF	REPAIRING WELL
	MULTIPLE COMPLETE	FRACTURE TREATMENT	ALTERING CASING
	. HOOS OR ACIDIZE ABANDON*	shooting or acidizing	ABANDONAIENT*
	Other) TEMPORARY ABANDON	(Other) Completion or Reco	its of multiple completion on Well
	SERVERIEE PROPOSED OR COMPLETED OPERATIONS (Clearly state al	l pertinent details, and give pertinent da	papiletion Report and Log form.) tes, 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 zones pertinent to this work.)*		
ļ	As per your r <mark>equest, we are filing t</mark>	his form# 9-331. This we	ell is temporarily abandoned.
In the event the well is put back on active status, we will so advise.			o advise
•	and the event one werr 13 par back on	decive status, we will s	oudvise.
			D = -
		•	RECEIVED FEB 03 1977
			<b>-</b> - <b>-</b>
			FEB. 0 3 1972
		<b>U</b> . s	Cro
		Añ	GEOLOGICAL SURVEY
			RTESIA, NEW MEXICO
			·
		•	
٠	I hereby certify that the foregoing is true and correct		
۶	SIGNED S. E. Cresginshi TIT	Accountant Accountant	DATE 2-2-77
(	(This space for Federal of State office use)		
Α	APPROVED BY THE S. JAM TIT	ACTING DISTRICT ENGIN	IEER DATE FEB 8 1977
	CONDITIONS OF APPROVAL, IF ANY:		

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