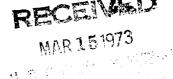
		IMe 7Y	, v . v. v, v. ,	
Form 9-331 (May 1963)		U TED STATES	SUBMIT IN TR. CATE	
(May 1000)	DEPART	MLIT OF THE INTER	RIOR (Other instruction on re	5. LEASE DESIGNATION AND SERIAL NO.
	G	SEOLOGICAL SURVEY		NM 0558014
			0 1 N/F1 1 0	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
	SUNDRY NOT	ICES AND REPORTS	ON WELLS	·
(Do not us	e this form for propos	sals to drill or to deepen or plug ATION FOR PERMIT—" for such	g back to a different reservoir. proposals.)	
1.				7. UNIT AGREEMENT NAME
oir 🗀 e	as √√		. yann gestiy gesti ti ti y yanni bankı	
	VELL XX OTHER	- 4	ECEIVED	S. FARM OR LEASE NAME
2. NAME OF OPERA		Harris-Bell		
	roperties, Ltd	1.		9. WELL NO.
3. ADDRESS OF OP		=0701	Table 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	g. Will No.
407 West	Wall St., Mic	lland, Texas 79701		1
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
At surface	660 FE	L, 1980 FWL Section 5, T-21-S, R-29-E,		Golden Lane Field
	Eddy (County, New Mexico		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
			·	Sec 5, T-21-S, R-29-E
14. PERMIT NO.		15. ELEVATIONS (Show whether	DF, RT, GR, etc.)	12. COUNTY OB PARISH 13. STATE
		3459 G	r	Eddy New Mexico
10	CI I A	D. T. I. P.	N (N.C. D	Other Date
16.	Check Ap	propriate Box to Indicate	Nature of Notice, Report, or	Other Data
	NOTICE OF INTEN	TION TO:	SUBSE	QUENT REPORT OF:
		PULL OR ALTER CASING	WATER SHUT-OFF	REPAIRING WELL
TEST WATER			FRACTURE TREATMENT	ALTERING CASING
FRACTURE TRE		MULTIPLE COMPLETE		XX ABANDONMENT*
SHOOT OR ACI		ABANDON*		
REPAIR WELL		CHANGE PLANS	(Other)	ts of multiple completion on Well
(Other)				pletion Report and Log form.)
17. DESCRIBE PROP	OSED OR COMPLETED OPE ork. If well is direction	RATIONS (Clearly state all perting on ally drilled, give subsurface k	cent details, and give pertinent date eations and measured and true vert	es, including estimated date of starting an ical depths for all markers and sones perti
nent to this	work.) *			·
0.100.177	D C 4 4	Ctuary farmation 1	hole each at 11 272	11,271, 11,270, 11,269,
2/28/73	Periorated	Strawn formation i	modulation nacker at 1	1 246!
	11,268, 11,	267, 11,266. Set p	roduction packer at 1	1,240 .
		G 111 HEO 11	- 10% MCA	
	Acidized per	rfs with 750 gallon	IS 10% MCA.	•
	Prep to cal	culate open flow.		
	-			
		•		
•	•			



SIGNED 6 C. C. SIGNED	correct Agent	DATE3/14/73
(This space for Federal or State office use)		
APPROVED BY CONDITIONS OF THE CONTINUES	TITLE	DATE
DDR 01-15	*See Instructions on Reverse Side	
MAN BEEKMAN ACTING DISTRICT ENGINEER		