Form 9-331 (May 1963)	DEPART	UNITED STATES. OF THE INTERIOR SEOLOGICAL SURVEY.	SUBMIT IN TRIPLICATE. (Other instructions reverse side)	Form approv Budget Burel 5. LEASE DESIGNATION Federal NM-C	AND SERIAL NO.
(Do		ICES AND REPORTS C	ON WELLS ack to a different reservoir. oposals.)	6. IF INDIAN, ALLOTTE.	
1.		7. UNIT AGREEMENT NAME			
OIL WELL	GAS WELL OTHER	Flying M (San Andres) Unit			
2. NAME O	F OPERATOR		FfyThor MA (San Andres)		
Coast	tal States Gas Pro	Unit Tract la			
3. ADDRESS	S OF OPERATOR	9. WELL NO.			
P. 0	. Box 235, Midland	l, Texas 79701		3	
See also	o space 17 below.)	learly and in accordance with any	State requirements.*	10. FIELD AND POOL, OR WILDCAT	
	^{ace} P, 660' FSL & 66 Mexico.	Flying M (San Andres) 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA			
MEM I	Mexico.			000 =	00 - 00-
14. PERMIT	NO.	15. ELEVATIONS (Show whether DF,	RT CR etc.)	Sec. 29, T-	9S, R-33E
				_	
		4301 GR		Lea	New Mexico
16.	Check A	opropriate Box To Indicate N	ature of Notice, Report, or C	Other Data	
	NOTICE OF INTER	JENT REPORT OF:			
				٦	
		PULL OR ALTER CASING	WATER SHUT-OFF	REPAIRING V	
		MULTIPLE COMPLETE	FRACTURE TREATMENT	ALTERING C	
		ABANDON* CHANGE PLANS	SHOOTING OR ACIDIZING	ABANDONME	——: JL
		to water inject			
(Other				of multiple completion etion Report and Log fo	
propo nent	osed work. If well is direction to this work.) *	onally drilled, give subsurface locat	t details, and give pertinent dates, ions and measured and true vertica	ıl depths for all marker	s and zones perti-
ugust	25, 1968:				
l. Rig	ged up unit; pulle	ed rods and tubing.			
	ked up and ran 13° sion packer. Set		ic coated tubing with	n Johnston 101-	·S
3. Con	version completed	; commenced injectin	g water.		
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8. I hereby certify that the folegoing is true and correct SIGNED The Research		Div.	Prod.	Supt.	DATE	9/10/68
(This space for Federal or State office use)	TITLE		APPROVED			
CONDITIONS OF APPROVAL, IF ANY:					10.00	

SEP 10 1968