Form 9-331 (May 1963)	UNITED STATES	SUBMIT IN TRIPLICATE*	Form approved.
(214) 1303)	DEPARTMENT F THE INT		Budget Bureau No. 42-R1424. 5. LEASE DESIGNATION AND SERIAL NO.
	GEOLOGICAL SURVE		
	0.0	COFFICE O. C. C.	NM-058102 6. IF INDIAN, ALLOTTEE OR TRIBE NAME
	JNDRY NOTICES AND REMOR	ITS ON WELLS	U. IN INDIAN, ADDOTTEE OR TRIBE NAME
	this form for proposals to drill or to deepen or Use "APPLICATION FOR PERMIT" for	plug back to a all er on reservoir.	-
1. OIL GAS	THIT		7. UNIT AGREEMENT NAME
WELL XX WEL			-
2. NAME OF OPERATOR		William .	8. FARM OR LEASE NAME
	ates Gas Producing Company		Gonsales Federal
3. ADDRESS OF OPERA			9. WELL NO.
	2498, Abilene, Texas		5
4. LOCATION OF WELL See also space 17	10. FIELD AND POOL, OR WILDCAT		
A t mf a a	Flying "M" San Andres		
	980' FSL & 1983' FEL, Unit J -9S, R-33E, Lea County, New	•	11. SEC., T., R., M., OK BLK, AND
_	, , , , , , , , , , , , , , , , , , ,		SURVEY OR AREA
			29, 9 - S, 33E
14. PERMIT NO.	15. ELEVATIONS (Show whether	ther DF, RT, GR, etc.)	12. COUNTY OR PARISH 13. STATE
	4316' GL		Lea New Mexic
16.	C. 1 A		1,000 110111
.	Check Appropriate Box to Indica	ate Nature of Notice, Report, or O	ther Data
	NOTICE OF INTENTION TO:	SUBSEQUI	ENT REPORT OF:
TEST WATER SHU	T-OFF PULL OR ALTER CASING		1
		WATER SHUT-OFF	REPAIRING WELL
FRACTURE TREAT	MULTIPLE COMPLETE	FRACTURE TREATMENT X	ALTERING CASING
SHOOT OR ACIDIZE		SHOOTING OR ACIDIZING X	ABANDONMENT*
REPAIR WELL	CHANGE PLANS	(Other) Perforating	of multiple completion on Well
(Other)		Completion or Recomple	tion Report and Low form \
proposed work, nent to this work	OR COMPLETED OPERATIONS (Clearly state all pe If well is directionally drilled, give subsurface a)*	ctinent details, and give pertinent dates, is locations and measured and true vertical	including estimated date of starting any depths for all markers and zones perti-
SPUD DATE:	4/13/66		
5/6/66:	Perforated casing w/ one je	t shot/ft. from 4350-64'	and 4368-75'.
5/7/66:	Spotted 1000 Gals BDA.		
	•		
5/8/66:	Treated with 10,000 Gals Re	tarded Acid down tubing.	

18. I hereby certify that the program is true and correct SIGNED LL COUNTY	Production Superintendent	DATE May 17, 1966
(This space for Federal or State office use)		
APPROVED BYCONDITIONS OF APPROVAL, IF ANY:	TITLE	DATE

APPROVED

*See Instructions on Reverse Side

MAY 20 1966

J. L. GORDON ACTING DISTRICT ENGINEER