UN D STATES SUBMIT IN TRIPI DEPARTMENT OF THE INTERIOR (Other Instructions verse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

GEOLOGICAL SURVEY					017577
				6. IF INDIAN,	ALLOTTEE OR TRIBE NAME
SUNDRY NOTICES AND REPORTS ON WELLS (Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use "APPLICATION FOR PERMIT—" for such proposals.)					
1.			PRINTER IN	7. UNIT AGREE	MENT NAME = 2 =
OIL X GAS CAS	OTHER		·阿里世少晨 -	611.5	
2. NAME OF OPERATOR			107 ·	8. FARM OR LI	EASE NAME.
Llano, Inc.		U	1975 · ·	Plains	Oper Areas
3. ADDRESS OF OPERATOR		14 S NE		9. WELL NO.	
P. O. Box 1320, Hobbs, New Mexico 88240. 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.					16 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 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					rawn 5 5 x x
Unit E, 1980 FNL & 660 FWL of Section 21, T-19-S, R-32-E, NMPM				PM 11. SEC., T., R. SURVEY	OR ARBA
14. PERMIT NO.	15 PIEVATIONS	(Show whether DF, RT,	CP eta \	21, T-1 12. COUNTY 0	9-S, R-32-E
14. FERMIT NO.			on, eac.	Ĕ.j.	E heigh
	13,6	602' R.D.B.		<u>l Lea 😤</u>	New Mexico
16.	Check Appropriate Box	To Indicate Natu	re of Notice, Report, o	or Other Data≒ #	Total
NO	TICE OF INTENTION TO:	1	SUB:	SEQUENT REPORT OF	
TEST WATER SHUT-OFF	PULL OR ALTER CAS	SING	WATER SHUT-OFF	REI	PAIRING WELL
FRACTURE TREAT	MULTIPLE COMPLET	rE	FRACTURE TREATMENT	a g jain	TERING CASING
SHOOT OR ACIDIZE	· ABANDON*		SHOOTING OR ACIDIZING	ABA	INDONMENT*
REPAIR WELL	CHANGE PLANS		(Other) Status		X
(Other)			Completion or Reco	ults of multiple cor empletion Report an	d Log form.) 🤝 💝 🛴
proposed work. If	COMPLETED OPERATIONS (Clearly swell is directionally drilled, give	state all pertinent de subsurface locations	tails, and give pertinent da and measured and true ve	ites, including estim rtical depths for all	ated date of starting any markers and zones perti-
nent to this work.) *				ALC SAME	Part of the state
Upon completion	on of the formation	of the Lusk	Strawn Deep Unit	t and final	U.S.G.S.4 = 2
			1	byl byl	
approval, the	Plains Operating An	rea Well No.	6 will be conver	rted for inj	ection of
extraneous gas	s or used as an obse	ervation or p	production well u	under second	ary recovery
	the Tuels Charama De	a- Umit Daga	W.:	B	
operations of	the Lusk Strawn Dee	ep unit Press	sure Maintenance	Program: - "	A STATE OF THE STA
At present well is shut-in.					
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				100 A	norio (neduco responsario) stational eigen uncurational eigen number
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				F 7 6	onthe designed forms to my order of bangles of the second
18. I hereby certify that t	regoing is true and correct			# 15 4 15 4	
SIGNED SIGNED	panulos	TITLE Execut	tive Vice-Preside	ent DATE S	ិទ្ធ
(This space for Federa	I or State office use)				<u>. 4 5. 9555</u>
fruis phace for reders	.r or state omce use)		FOR R		The state of the s
APPROVED BY CONDITIONS OF APP	PROVAL IF ANY	TITLE			
COMBILIONS OF AFF	ACTION IN BILL.		10	(1) AMS	
				177.	

*See Instructions on Reverse Side CLOSION SURVEY