Form	9-331	
(May	1963)	j

UNITE' STATES DEPARTMENT

STATES SUBMIT IN TRIPLICATION (Other Instructions of the Interior of the Inter

		Form t	ipprovi	Pđ.		
		Budget	Bures	u N	0. 42~	R142
		_				
•	LEASE	DESIGN	ROITA	AND	SERIAL	NO.

GEOLOGICAL SURVEY

CHNDRY	NOTICES	AND	REPORTS	ON	WELLS
SUNDKI	MOHCE2	ANU	KEPUK 13	ON	WELLS

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.)	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
OIL GAS WELL OTHER WATER INSECTION WELL 2. AND OF OPERATOR	7. UNIT AGREEMENT NAME
3. ADDRESS OF OPERATOR	NORTH EL MAR UNIT
Box 460 HOBBS N.M. 88240 4. Location of white (Report location clearly and in accordance with any State requirements.*	10. FIELD AND POOL, OR WILDCAT
330 FSLE 330 FEL OF SEC. 27	EL MAR DELAWARE 11. SEC., T., B., M., OR BLK. AND BURYEY OR AREA
	Sec 27 7-265 8.326

14. PERMIT NO.

NOTICE OF INTENTION TO:

16.

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

		orbodycom: natori og.
TEST WATER SHUT-OFF	PULL OR ALTER CASING	WATER SHUT-OFF REPAIRING WELL
FRACTURE TREAT	MULTIPLE COMPLETE	FRACTURE TREATMENT ALTERING CASING
SHOOT OR ACIDIZE	ABANDON*	SHOOTING OX ACIDIZING ABANDONMENT.
REPAIR WELL	CHANGE PLANS	(Other) ONVERT TO MISECTION X
(Other)		(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, 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 the work.

This well was conderted to water injection by Cleaning out to PBD 4523 Nd running coment lined tubing w/ retention phr. @ 4400' Work started 3-12.75, completed 7-1-75

This Waterflood nuthwised by N.M.O.CC. Order No. R-4629 & R-4630 daked 9-13-73.

18. I hereby certify but the typegoing is true and corre	ect		
SIGNED SULL SIGNED	TITLE	SP. AWALYST	DATE 10-10-75
(This space for Federal or State office use)		TOO HECORD	
APPROVED BYCONDITIONS OF APPROVAL, IF ANY:	TITLE	The state of the s	DATE
or minoyau, is and;		1 1975 Ofet 8	
		= CLOGICAL SURVEY	

"See Instructions on Reverse Stage W M 1565-5, Parhors-9. File