DEPARTMEN	N. M. O. C. C. COP D STATES SUBMIT IN SUBMIT IN SUBMIT IN SUBMIT IN SUBMIT IN SUBMIT IN SUBMIT IN SUBMIT IN SUBMIT IN (Other instr verse side) LOGICAL SURVEY	TRIP TEL TOUM approved.
(Do not use this form for proposals t Use "APPLICATION	S AND REPORTS ON WELLS o drill or to deepen or plug back to a different r N FOR PERMIT—" for such proposals.)	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
1. OIL WELL X GAS WELL OTHER 2. NAME OF OPERATOR		7. UNIT AGREEMENT NAME North King Camp Unit. 8. FARM OR LEASE NAME
Franklin, Aston & Fair, 3. ADDRESS OF OPERATOR	Inc. V	9. WELL NO.
See also space 17 below.)	11, New Mexico 88201 and in accordance with any State requirements. EL, Section 35-135-29E	1) 10. FIELD AND FOOL, OR WILDCAT Undesignated 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
14. PERMIT NO. 15	. ELEVATIONS (Show whether DF, RT, GR, etc.)	Sec. 35-T-13S-29E, N.M.P.M. 12. COUNTY OR PARISH 13. STATE
	3742 GR	Chaves New Mexico
16. Check Approp	priate Box To Indicate Nature of Notice,	
FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (Other) 17. DESCRIBE PROPOSED OR COMPLETED OPERATIO proposed work. If well is directionally nent to this work.)* On September 29, 1974, 8 which did not circulate macaroni string was run	(Other) Second and the second and th	ALTERING CASING ACIDIZING ACIDIZING ACIDIZING ACIDIZING Report results of multiple completion on Well tion or Recompletion Report and Log form.) Pertinent dates, including estimated date of starting any ind true vertical depths for all markers and zones perti- 2450' KB with 1300 sacks cement
18. I hereby certify that the foregoing is grue	ر م . ۲	ARTESIA NEW MESURY
SIGNED Scant of Smill	TITLE Geologist	DATE _ October 2, 1974
(This space for Federal or State office use) APPROVED BY CONDITIONS OF APPROVAL, IF ANY:		DATE 0CT 4 1974

*See Instructions on Reverse Side