| Form 9-331 (Mny 1963) | UN ED STA DEPARTMENT OF TH | | SI'BMIT IN TRI (Other Instructio OR verse side) | | Form appro Budget Bur 5. LEASE DESIGNATIO | eau No. 42 R1424. |
|---|---|-------------------|---|------------------|---|---------------------|
| | GEOLOGICAL | | | | NM 10263 6. if indian, allott | KE OR TRIBE NAME |
| (The wat new this for | m for proposals to drill or to c se "APPLICATION FOR PERMI | leeven or plug b | ack to a different reserv | oir. | | |
| I. OIL GAS OTHER WELL OTHER | | | | | 7. UNIT AURCEMENT NAME | |
| 2. NAME OF OPERATOR | | | | | 8. FARM OR LEASE NAME Thomas "IN" Federal | |
| Yates Petroleum 3. ADDRESS OF OPERATOR | Corporation | | | | 9. WELL NO. | reuerat |
| 207 South First | Street, Artesia, N | M 88210 | | | 2 | |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) | | | | | Und. San And | |
| At surface | | | | | 11. SEC., T., R., M., OR BLK. AND SUBVEY OR AREA | |
| 22101 | τις 2010/155μπ | | | . بر | F | |
| | TNL & 2310' FWL | <u> </u> | | | Sec. 12-T6s- | |
| 14. PERMIT NO. | 15. ELEVATIONS (| Show whether br | , KI, GK, ECC.) | | Chaves | • <u>NM</u> |
| 16. | Check Appropriate Box | To Indicate N | lature of Notice, Re | port, or O | ther Data 👘 | |
| | | | | | ENT REPORT OF: | |
| TEST WATER SHUT-OFF | PULL OR ALTER CAS | ING X | WATER SHUT-OFF | | REPAIRING | WELL |
| FRACTURE TREAT | MULTIPLE COMPLET | Е | FRACTURE TREAT | MENT | ALTERING | · [] |
| SHOOT OR ACIDIZE | ABANDON* | . | SHOOTING OR ACI | DIZING | ABANDONM | IENT* |
| REPAIR WELL (Other) | CHANGE PLANS | | (Other) (Note: Rej Completion | port results | of multiple completio etion Report and Log | n on Well |
| | OMPLETED OPERATIONS (Clearly s rell is directionally drilled, give | tate all pertines | + details and give post | nont dates | including estimated | ate of starting any |
| | | | | | · · · | |
| | | | | | | |
| | | | RECEIVED RECEIVED | | | |
| | | | JUN 4 1980 | J | UN 2 1980 | |
| | | , A | O. C. D. | U.S. GI ARTES | EULUGICAL SURVE SIA, NEW MEXICO | ΞΎ |
| 18. I hereby certify that f | or foregoing As) true and correct | | Engineer | | DATE6- | 2-80 |
| SIGNED | and the first | TITLE | | | | |
| (This space for Federa | 1 or State office`use) | | | | 1 - 1. 3. | 1/14 |
| APPROVED BY CONDITIONS OF API | ROVAL, IF ANY: | TITLE | | | DATE | <u>7_1</u> |
| | | | | | | |
| *See Instructions on Reverse Side | | | | | | |
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