r A 991		IV.M.O.CD	
Form 9-331 (May 1963)	9-331 UNIT'D STATES SUBMIT'R' TERM 1963) (Other Instructions		Form approved. Budget Bureau No. 42-R1424. 5. LEASE DESIGNATION AND BERIAL NO.
DEPARIMEN. OF THE INTERIOR VERSE BILLEY		IUK verse side)	NM 22615
			6. IF INDIAN, ALLOTTEE OR TRIBE NAME
SUNDRY NOTICES AND REPORTS ON WELLS			· 17#
(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.) RECEIVED			7. UNIT AGREEMENT NAME
1.			
OIL GAS WELL X OTHER 2. NAME OF OPERATOR		8. FARM OR LEASE NAME	
N Datural oum Co. /		CAMACK FEDERAL 9. WELL NO.	
3. ADDRESS OF OPERATOR		9. WELL AU.	
1000 Vaughn Building / Midland, Texas 79701 ARTESIA, OFFICE 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*			10. FIELD AND POOL, OR WILDCAT
4. LOCATION OF WELL (REPORT FOCUSION SEE also space 17 below.) At surface			UNDESIGNATED ABO 11. BEC., T., B., M., OR BLK. AND
			SURVEY OR AREA
. 1980' FSL & 1980' FEL			SEC 9, T5S, R24E
14. PERMIT NO.	15. ELEVATIONS (Show whether t	DF, RT, GR, etc.)	12. COUNTY OR PARISH 13. STATE
14. 728.312	4015' GR		CHAVES NEW MEXICO
16. Check A	ppropriate Box To Indicate	Nature of Notice, Report, or	Other Data
NOTICE OF INTENTION TO:			EQUENT REPORT OF:
TEST WATER SHUT-OFF	PULL OR ALTER CASING	WATER SHUT-OFF	BEPAIRING WELL
FRACTURE TREAT	MULTIPLE COMPLETE	FRACTURE TREATMENT	ALTERING CABING ABANDONMENT*
SHOOT OR ACIDIZE	ABANDON*	Other) 4 1/2" CS	G & CEMENT X
REPAIR WELL	CHANGE PLANS	(Note: Report resu	lts of multiple completion on Well npletion Report and Log form.)
(Other) 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 pertiporoposed work.			
proposed work. If well is directionally drilled, give substitute formation in the proposed work.)*			
in with 200 cv	50-50 Pozmix + 2% a	el & 8# salt & .3% CF rig 8:00 PM 3-7-81.	t & 1# flocele and tailed R-2. Cement did not WOCU estimated to arrive
XC: USGS (3), 18. I hereby certify that the foregoing SIGNED (This space for Federal or Attack (Orig. Bgd.) PETE APPROVED BY CONDITIONS OF APPROVAL, IF	TITLE	RTNERS, CEN RCDS, ACC REGULATORY COORDINAT	
XC: USGS (3), MED	A. GILLHAM *See Instruction Supervisor		