NW OTT OOT						0/2	
Drawer DD	IN 8821 TED STAT	rfs	SUBMIT IN TRICA	TE•	Form approved Budget Bureau		
Drawer Artesia, NM 8821 TED STATES SUBMIT IN TR. LICATE (Other Instructions on re- May 1963) DEPARTMENT OF THE INTERIOR (Other Instructions on re- GEOLOGICAL SURVEY				5. LEAS	5. LEASE DESIGNATION AND SERIAL NO. NM 32324		
A.F.					6. IF INDIAN, ALLOTTEE OR TRIBE NAME		
SUNDR	Y NOTICES AND RE	PORTS ON	SECRITED		_		
(Do not use this form	n for proposals to drill or to de- e "APPLICATION FOR PERMIT	epenfor plug back t —'' for such proposa	ds.)				
			R 07 1983	7. UNIT	AGREEMENT NAM	IE.	
OIL GAS X	OTHER	AM	K 0 (1202	ý _			
NAME OF OPERATOR	OTTEN.	1 0	D. C. D.	8. FAR	OR LEASE NAME	2	
	Energy Corporat:	•		M &	M Feder	al	
ADDRESS OF OPERATOR	Energy corporate	ART	ESIA, OFFICE	9. WEL	L NO.		
P O Box	4000 - The Wood	dlands, Te	xas 77380		3		
LOCATION OF WELL (Repo	rt location clearly and in accord	ance with any State	e requirements.*	10. FIE	LD AND POOL, OR	WILDCAT	
See also space 17 below.) At surface				1/4	Abo		
990 ! F	FNL & 660' FWL,	Sec. 21, T	3-6-S, R-23-E	11. SE	C., T., R., M., OR BI SUBVEY OR AREA	LK. AND	
Chaves	S County, New Me	exico		ı	21 - 6S-2	コード	
0114.01	, 00 4110 9 9			I			
. PERMIT NO.	15. ELEVATIONS (S	how whether DF, RT,			UNTY OR PARISH		
-		4117 G.I	d •	Ch	aves	N.M.	
	Check Appropriate Box To	- Indianta Natu	ra of Notice Report	or Other D	ata		
		o iliaicale i taloi		UBSEQUENT REP			
NOT	ICE OF INTENTION TO:		~				
TEST WATER SHUT-OFF	PULL OR ALTER CASI	NG	WATER SHUT-OFF		REPAIRING W	i!	
FRACTURE TREAT	MULTIPLE COMPLETE	·	FRACTURE TREATMENT		ABANDONMEN		
SHOOT OR ACIDIZE	ABANDON*		SHOOTING OR ACIDIZIN	oletion		' -	
REPAIR WELL	CHANGE PLANS		(Viner) Benest	recults of mult	inle completion	on Well	
(Other)	OMPLETED OPERATIONS (Clearly st		Completion or R	ecompletion Re	bort and roa tot	ш.)	
MI & RU Wor	kover unit to co	mplete we	11 2-23-83		FFROQ		
					FEB 28 K	- 853	
				MIN Ro	OIL & GAS Erals mgmt. Iswell, new n	SEDIMOR.	
			o				
	•						
					•		
						*	
RA	he foregoing is true and correct	TITLE Dist	rict Prod. M	lanager	DATE 2-	24-83	
SIGNED R. F.	Armstrong						
(This space for Feder	al or State office tise) RIG. SGD.) DAVID R. C	IIAS			•		
APPROVED BY		TITLE			DATE		
CONDITIONS OF API	PROMARIE 0 ANT 1983				,		
	-	•					
na:	CRALS MANAGEMENT SERVIÇE ROSWELL, NEW MEXICO	e Instructions	on Reverse Side				