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Form 9-331 INITED STATES M OTSUCOUSIN	Paston	Form appr Budget Bu	Peau No 42-R14
DEPAR MENT OF THE INTERPORTED DIED GEOLOGICAL SURVEY Artesia, NM 1821		5. LEASE DESIGNATION	ON AND SERIAL N
30.1001	0	NM 18031 6. IF INDIAN, ALLOT	
IN 29 1900 SUNDRY NOTICES AND REPORTS ON WELLS		G. IF INDIAN, ALDOT	TAE OR THIBE NA
(Do not use the form for proposals to drill or to deepen or plug back to a different reservoi Use "APPLICATION FOR PERMIT—" for such proposals.)	ir.		•
RIESIA, OFFICE		7. UNIT AGREEMENT	NAME
WELL WELL X OTHER 2. NAME OF OPERATOR			
Yates Petroleum Corporation		8. FARM OR LEASE M	•
3. ADDRESS OF OPERATOR		Huckaby TJ	rederal
207 South 4th, Artesia, NM 88210		4	
 LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 		10. FIELD AND POOL	OR WILDCAT
1980 FNL & 660 FWL, Sec. 20-8S-26E		Pecos Slope	
2011 2012 d 000 2012, Beel 20 05 201		11. SEC., T., R., M., O SURVEY OR AB	E BLK. AND
	ļ	Unit E, Sec	€ 20-T8S-F
14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)		12. COUNTY OR PARI	SH 13. STATE
3715' GR		Chaves	NM
16. Check Appropriate Box To Indicate Nature of Notice, Repo	ort, or O	ther Data	
NOTICE OF INTENTION TO:		ENT REPORT OF:	
TEST WATER SHUT-OFF PULL OR ALTER CASING WATER SHUT-OFF		REPAIRING	G WELL
FRACTURE TREAT MULTIPLE COMPLETE FRACTURE TREATME	NT	ALTERING	CASING
SHOOT OR ACIDIZE ABANDON* SHOOTING OR ACIDIZ		ABANDONS	MENT*
		ection of multiple completio etion Report and Log	X
Change name from: Huckabay TJ Federal		* .	
to: Huckaby TJ Federal			
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18. I hereby certify that the foregoing is true and correct			
SIGNE Wante Swollett TITLE Production Superv	visor	DATE 11-	-6-84
\(\frac{1}{2}\) \(\frac{1}2\) \(\frac{1}2\) \(\frac{1}2\) \(\frac{1}2\) \(\frac{1}2\) \(\frac{1}2\) \(\frac{1}	visor	DATE11-	-6-84