10 m - 271	JNITED STATES	SUBMIT V IDVICATION	Form approved.
DEPAR	RIMENT OF THE INTER	M OILOGONS HELD AMESIEN LOR versorside)	Budget Bureau No. 42-R1 5. LEASE DESIGNATION AND BERIAD
20:00	GEOLOGICAL SURVEY	rawer (a)	NM 18031
SUNDRY NO	OTICES AND REPORTS (	ON WELLS	6. IF INDIAN, ALLOTTEE OR TOTHE N
· C. D(Do not use his form for pr	oposals to drill or to deepen or plug background for FOR PERMIT" for such p	back to a different reservoir.	0.1034
M. OFFICE	in authorized position of the	toposais.)	7. UNIT AGREEMENT NAME
WELL WILL X OTHE	R		
2. NAME OF OPERATOR			8. FARM OR LEASE NAME
	um Corporation 🗸		Huckaby TJ Federal
3. ADDRESS OF OPERATOR  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  1980 FSL & 1980 FWL, Sec. 19-T8S-R26E			9. WELL NO.
			5
			10. FIELD AND POOL, OR WILDCAT
			Pecos Slope Abo
			SURVEY OR AREA
			Unit K, Sec. 19-8S-26
14. PERMIT NO.	15. ELEVATIONS (Show whether DI	, RT, GR, etc.)	12. COUNTY OR PARISH 13. STATE
	3652' GR		Chaves NM
16. Check	Appropriate Box To Indicate N	lature of Notice, Report, or O	ther Data
	NTENTION TO:		ENT REPORT OF:
TEST WATER SHUT-OFF	PULL OR ALTER CASING	WATER SHUT-OFF	REPAIRING WELL
FRACTURE TREAT	MULTIPLE COMPLETE	FRACTURE TREATMENT	ALTERING CASING
SHOOT OR ACIDIZE	ABANDON*	SHOOTING OR ACIDIZING	ABANDONMENT*
REPAIR WELL (Other)	CHANGE PLANS	(Other) Name Corr	of multiple completion on Well
Change name f	3		
	to: Huckaby TJ Federa	11	· · · · · · · · · · · · · · · · · · ·
		•	表現教養者 (1997年) 1997年
			사고 공기를 받는 것이 없다.
			는 사람들이 되었다. 
•			
· ·			
18. I hereby certify that the foregoi		Production Supervisor	DATE 11-6-84
signaturanta	Doolling TITLE I	roduction Supervisor	DATE 11-6-84
SIGNADA (The space for Federal o	ROMED TITLE I	roduction Supervisor	DATE

