## RECEIVED

MAY 1 9 1977

·		N. M. O. C. C. C	.∪r <b>Y</b>	D. C. C.	
Form 9-331 (May 1963)	DEPARTMENT O		BMIT IN TRIPIA. CE* ther instructions on re- se side)	Form approved.  Rudget Bureau  5. LEASE DESIGNATION AS  NM - 030	D SERVAL NO.
	his form for proposals to drill	ND REPORTS ON W or to deepen or plug back to a PERMIT—" for such proposals.)		6. IF INDIAN, ALLOTTEE O	R TRIBE NAME
i.  OIL S GAS WELL WELL				7. UNIT AGREEMENT NAME	i
2. NAME OF OPERATOR  EXXON CORPORATION  3. ADDRESS OF OPERATOR				8. FARM OR LEANE NAME  HISSE - FEDERAL  9. WELL NO.	
P.O. BOX  1. Lication of Well See also space 17 At surface	, (Report location clearly and in	ND TEXAS 79 n accordance with any State req FWL	9701 ulrements.•	10. FIELD AND POOL, OR V  DOUBLE L GUI  11. SEC., T., R., M., OR BLA  SURVEY OR AREA	CEN (CHA!
14. PEGNIT NO.		tions (Show whether DF, RT, CR, et	c.)	SEC. 7 7-15-5	
•		3921		CHAVES M	IEW MEXIC
16.	Check Appropriate	Box To Indicate Nature o	Motice, Report, or C	Other Data	
	NOTICE OF INTENTION TO:		SUBSEQU	ENT REPORT OF:	C
FRACTURE TREAT SHOOT OR ACIDIZ REPAIR WELL (Other)	E ABANDON* CHANGE PLA	SMPLETE S S S S S S S S S S S S S S S S S S S	Completion or Recomple	of multiple completion on etion Report and Log form. including estimated date of	Well
proposed work.	If well is directionally drilled	, give subsurface locations and	mengined and true refries	ir depend for an aminera a	
8-14-74	DOWELL ACI	DIZEDWELL.	PREFLUSHE	D W/500 GAL	. 13/0
HAI ACID	· INJ. 1000	CAL OF MUL	S ACID, 3%	6 MM 12/0	//- 2
Cost 10	CAL COR EXIT	7652. FOL	LOWED MU.	D ACID 491	ال ال
/ h . n . s.	CE. MI BE	TEP ACID PL	USHCOR	, , , , , ,	_
Andevir	76101 FLUS	H CSG 4 TF	3C Aunu	LUS COIZI	J J 440
1.50 - 5	PESH WTR	Con 1 1 6	al or co	SEEKII 10	05 < 1
AIR 1.9	BP4. MAX	PRESS on b	ACULM.	24 APT 18	ECD
48 Bu,	1BO. FRL	- 8-22-74		RECEIVE	
				01P = 0.	
			r.	l. S. GEOLOGICAL SUNV ARTESIA, NEW MEXICO	ΈY
				· ····································	
18. I hereby certify	that the foregoing is true and	correct			
	رسد سرب م		- HEAD	DATE 8-2	7-74
(This space for	Voleral on State office use)				
CONDITIONS OF	F APPROVAL, IF ANY:	TITLE		DATE	
SEP 6-1					