Form	9-331	
1 N 10 T		

N. M. O. C. C. COPY

SUBMIT IN TR DEPARTMENT OF THE INTERIOR verse side)

(CATE*

5 LEASE DESIGNATION AND SERIAL

I	.C	-0692	80-A			
6.	IF	INDIAN,	ALLOTTEE	OR	TRIBE	NAME

GEOLOGICAL SURVEY						
LINIDDY	NOTICES	V NID	PEPORTS	ΩN	WFI	15

SUNDRY NOTICES AND KEPURID UN WELLD

(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.)

7. UNIT AGREEMENT NAME

Sulimar Queen Unit 8. FARM OR LEASE NAME

2. NAME OF OPERATOR

X GAS WELL

3. ADDRESS OF OPERATOR

JUL 22 1976

10. FIELD AND POOL, OR WILDCAT

Post Office Box 848, Roswell, New Mexico 882017 RAFNING SURVINE 12.

LOCATION OF WELL (Report location clearly and in accordance with any State requirements.)

NEXT 1-12

LOCATION OF WELL (Report location clearly and in accordance with any State requirements.)

NEXT 1-12

10. FIELD AND POOR See also space 17 below.)

Sulimar Queen

JUL 2 3 1976 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

810' FNL & 1490' FWL

ACTING DISTRICT ENGINEER

<u>o. c. c.</u> 15. ELEVATIONS (Show whether DF, RT, GR, etc.) ARTESIA, OFFICE

Sec. 24-T15S-R29E

12. COUNTY OR PARISH | 13. STATE Chaves

14. PERMIT NO.

New Mexico

16.

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF I	MIENTION TO:		<u> </u>
FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL	PULL OR ALTER CASING MULTIPLE COMPLETE ABANDON* CHANGE PLANS	water shut-off fracture theatment shooting or acidizing (Other) Production Strii (Note: Report results of mul Completion or Recompletion H	Itiple completion on Well

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 pertinent to this work.).

7/09/76: Ran 2005' of used, J-55, 15號, 5號 casing. Cemented with 150 sacks.

			The second secon	
18. I hereby certify that the foregoing is true and correct	TITLE	Operator	7/12/76	
(This space for Federal or State office use) APPROVED BY CONDITIONS OF APPROVAL, IF ANY:	TITLE		DATE	

*See Instructions on Reverse Side