orm 9-331 May 1963) . D	EPARTML	ED STATES OF THE INTERIOR GICAL SURVEY	SUBMIT IN TRI (Other instructio. on verse side)	
				6. IF INDIAN, ALLOTTEE OF TRIBE NAME
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				7. UNIT AGREEMENT NAME
	OTHER	• • •	NOV 1 0 1980	
Read & Stevens, Inc. V				8. FARM OR LEASE NAME
ADDRESS OF OPERATOR				Harris Federal
P. O. Box 15	518 Roswell	, New Mexico 8820]	ARTESSAL ON FICE	4
See also space 17 below.)	rt location clearly and FSL and 990	i in accordance with any State FEL		10. FIELD AND POOL, OR WILDCAT Buffalo Valley (
,			Unit P	Sec. 26, T15S, R27E
, PERMIT NO.		VATIONS (Show whether df, rt, c 520.4 GR		12. COUNTY OF PARISH 13. STATE Chaves New Mexic
,	Check Appropria	te Box To Indicate Natur	a of Notice Report o	
	CE OF INTENTION TO :			EQUENT REPORT OF:
 1		LTER CASING		
TEST WATER SHUT-OFF Fracture treat		COMPLETE	WATER SHUT-OFF FRACTURE TREATMENT	ALTEBING CASING
SHOOT OR ACIDIZE	ABANDON*		SHOOTING OR ACIDIZING	ABANDONMENT*
REPAIR WELL	CHANGE P	LANS	(Other)	
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(Other) Chang	e Name	X	(NOTE: Report resu Completion or Reco	ilts of multiple completion on Well mpletion Report and Log form.) tes, including estimated date of starting any tical depths for all markers and zones perti-
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\*See Instructions on Reverse Side

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