N. M. O. C. C. C. COM IN TH

(Other instructions on reverse side)

Form approved. Budget Bureau No. 42-R142

## **UNITED STATES** DEPARTMENT OF THE INTERIOR

	DELAKTIMEN	OI, THE INT	LIGIOIC		5. LEASE DESIGNATION AND SERIAL NO.		
	AM 025 <b>527</b> A						
APPLICATION	6. IF INDIAN, ALLOTTEE OR TRIBE NAME						
1a. TYPE OF WORK		DEEPEN 🗵	PLUG BA	CK 🗌	7. UNIT AGREEMENT NAME		
oil X and w	AS Queen San	d	SINGLE MULTII	PLE	S. FARM OR LEASE NAME		
2. NAME OF OPERATOR	A. #*			tun'	9. WELL NO.		
Leonard La	ten			-,	-		
3. ADDRESS OF OPERATOR			JUN 8 1970		8		
1017 Taura	freeze to the transmite	Tayan 20401			10. FIELD AND POOL, OR WILDCAT		
4. LOCATION OF WELL (R	eport location clearly and	ny State requirements.*)					
At surface 1190°N, 2310E			<b>D</b> . <i>t</i> <sup>-</sup>		Red Lake Geenn fors		
	•				11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA		
At proposed prod. zon	· ·		ARTES				
					24-175-27E		
14 DISTANCE IN MILES	AND DIRECTION FROM NEA	PEST TOWN OR POST OF	reice*		12. COUNTY OR PARISH   13. STATE		
II. Diolance in Middle	and blazerion blow				12. COOKII OR TAMISH 15. STATE		
					Eddy New Mexico		
15. DISTANCE FROM PROPOSED*					OF ACRES ASSIGNED		
LOCATION TO NEAREST PROPERTY OR LEASE I				TOT	HIS WELL		
(Also to nearest drlg				_	4()		
18. DISTANCE FROM PROF TO NEAREST WELL, D		19	19. PROPOSED DEPTH 20. ROTA		ARY OR CABLE TOOLS		
OR APPLIED FOR, ON TH			1350 (Quuen Gen	<b>d)</b> ite	tary		
21. ELEVATIONS (Show who	ether DF, RT, GR, etc.)				22. APPROX. DATE WORK WILL START*		
3514				_	June 1973		
23.	I	PROPOSED CASING	AND CEMENTING PROGR	AM			
SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH		QUANTITY OF CEMENT		
6*	41"	9.50	1350		50 sacks		
				_			

Pr sent Status of Well 1/4 W plus 10 bols. water per day 7" # 420 TO 450"

## RECEIVED

JUN- 61973 U. S. GEOLOGISAL SURVET ARTESIA, NEW MEXICO

zone. If proposal is to drill or deepen directionally, give pertinent data on subsurface locations and measured and true vertical depths. Give blowout preventer program, if any. preve

SIGNED Chester L. O	Eder	TITLE Accountant		DATE	June 4, 197
(This space for Federal or State offi PERMIT NO.  APPROVED BY CONDITIONS OF APPROVAL, IF ANY:	Sharp	APPROVAL DATE  DISTRICT ENGIS	MM, YEER	6 1973	À
PPROVAL IS RESCINDED IF MONT	#See	Instructions On Reverse Sid	e		

THIS APPROVAL IS RESCINDED IT OFERALIONS