SUBMIT IN TRIF (Other instructi

	DEDARTMENT	OF THE INT	FRIOR	,		
DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY					5. LEASE DESIGNATION AND SERIAL NO. NM 0557370	
APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK					6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
1a. TYPE OF WORK	1 OK PERIMIT	O DRILL, DLL	FEIN, OR PLUG	DACK		
BECHPLETS X DRI	LL 🗆	DEEPEN	PLUG BA	ACK 🗌	7. UNIT AGREEMENT	NAME
om 💢 😅	AS OTHER		SINGLE MULT		8. FARM OR LEASE N.	AME
2. NAME OF OPERATOR					Harbold	
Owen Haynes					9. WELL NO.	
3. Address of Operator					13	
805 Missouri Street, Artesia, New Mexico 88210 4. Location of Well (Report location clearly and in accordance with any State requirements) VED					10. FIELD AND POOL, OR WILDCAT Empire Vates SR	
At surface	eport rocation crearry and	in accordance with an	A PURE LEGICAL PROPERTY IN	AED	11 sma m p 1	,
9 90'N& 330' B Sec. 35 178 27E					11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA	
At proposed prod. zon Empire Yates	Seven Rivers	N 990/W	U11/ 1/ 0	1978	35 - 17 S	•
14. DISTANCE IN MILES A			FICE*		12. COUNTY OF PARIS	
č Miles SE c	<u>of Artesia, New</u>		NO OF ACRES IN LEAST	C, 17 No.	1	NM
LOCATION TO NEAREST						
(Also to nearest drig 18. DISTANCE FROM PROP	40 acres	20 POTA	10 acres			
TO NEAREST WELL, D	TO NEAREST WELL, DRILLING, COMPLETED, OR APPLIED FOR, ON THIS LEASE, FT.					
21. ELEVATIONS (Show who	ether DF, RT, GR, etc.)				22. APPROX. DATE W	ORK WILL STARTS
23.	I	PROPOSED CASING A	AND CEMENTING PROG	RAM		
SIZE OF HOLE	SIZE OF CASING WEIGHT PE		FOOT SETTING DEPTH		QUANTITY OF CEMENT	
				_		
!						
		' 	•	•		
Re-entry	to clean out a	nd acidize.			a	
Small pit with plastic line will be necessary.					RECEIVE	ED
					APR 1 2 1978	
				U	. S. Geolugical S artesia, New Me	URVEY XICO

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: If proposal is to deepen or plug back, give data on present productive zone and proposed new productive 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. 24. Operator SIGNED TITLE (This space for Federal or State office use) PERMIT NO. ACTING DISTRICT ENGINEER APPROVED BY CONDITIONS OF APPROVAL, IF ANY :