(August 1999)	DEPA IENT OF TH BUREAU OF LAND MA		7		N.w. D 1 W. G			QMI	RM APPROVE B No. 1004-01 November 30	35 215
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SUBMIT IN TR	RIPLICATE - Other in:	structions (	on revers	e side	)	7.	If Unit	or CA/	Agreement, I	ame and/or l
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2. Name of Operator	· · · · ·	njection	Well		-	2 8.			d No.	
Mc Quadrangle, L 3a. Address	L. C.			÷	- <b>X</b> iio	1	NO.			· · · · · · · · · · · · · · · · · · ·
7008 Salem Lubb			ne No. (inclue	- IV E 4	CEIVED	4	30-0	015-	00621	
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Unit Letter A, 3	30' FNL. 990' FE	L				<u></u>	. County	ake or Pari	Qn, GB,	SA
Section 35, T17S	, R27E		195	535	8505155	45* F				Mexico
12. CHECK AF	PROPRIATE BOX(ES)	TO INDICA	TE NATU	RE OI	NOTICE	, REPC	ORT, OF	R OTH	IER DAT	4
TYPE OF SUBMISSION					ACTION					
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-	Alter Casing	G Fractur		ū	Reclamation				Vell Integrity	
U Subsequent Report	Change Plans		ionstruction ad Abandon		Recomplete				)ther	
Final Abandonment Notice					Temporarily		n	-		
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