COPY	CSF
SUBMIT IN THE JCATES	Form approved. Budget Bureau No. 42–R1424.
	5. LEASE DESIGNATION AND SERIAL NO.
UR verse side)	LC-060894
	6. IF INDIAN, ALLOTTEE OR TRIHE NAME
ON WELLS	
ack topr different reservoir.	
roposals.	7. UNIT AGREEMENT NAME
	1. UNIT AGREEADAT MAND
1979	
	8. FARM OR LEASE NAME EXXON KU Fed. COM
Č	
	9. WELL NO.
88210	1
State requirements.*	10. FIELD AND POOL, OR WILDCAT
	here is free in
199 030	11. SEC., T., B., M., OR BLK. AND SURVEY OR AREA
-1/S-2/E	Sec 31-175-27E
	Securit F MAPA
)F, RT, GR, etc.)	12. COUNTY OR PARISH 13. STATE
	Eddy NM
Nature of Notice, Report, or (Other Data
SUBSEQ	UENT REPORT OF:
	REPAIRING WELL
	ALTERING CASING
	ABANDON MENT*
Perf and	
(Other)	and multiple completion on Well
ent details, and give pertinent date cations and measured and true verti	cal depths for all markers and zones perti
ma Cup on wireling	e and perforated.
	Uni VI nacker on
WIH W/GUIDEISON	tions w/1000 callons
and treated perior	actons w/rooo gallette
'd w//SUU dattons .	NO LIGC TICTO GIVE
aned up and flowed	300 MCFPD - 185# on
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SHEVEY	
154100	
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	7 5 70
Geol. Secty.	DATE7-5-79
	JUL 11 1979
	JUL I A 1010
ACTING DISTRICT RA	
ACTING DISTRICT EN	Wohreelean
ACTING DISTRICT EN	HAINER
	SUBMIT IN ThACATE* (Other instructions on re- verse side) ON WELLS addrtog different reservoir. () 1979 C. DFFICE 88210 y State requirements.* -175-27E DF, RT, GR, etc.) Nature of Notice, Report, or (subsection of the shut-off FRACTURE TREATMENT SHOOTING OR ACIDIZING Perf and

*See Instructions on Reverse Side