Form 9-331 (May 1963)	NITED STATES SUBMIT IN PLICATE.	Form approved.
1	EPARTMENT OF THE INTERIOR (Other Instructions of the Interior verse side)	Budget Bureau No. 42-R1424. 5. LEASE DESIGNATION AND SERIAL NO.
	GEOLOGICAL SURVEY	Las Cruces 028775 (b)
(Do not use this for	NOTICES AND REPORTS ON WELLS for proposals to drill or to deepen or plug back to a different reservoir. "APPLICATION FOR PERMIT—" for such proposals.)	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
OIL K GAS WELL 2. NAME OF OPERATOR	OTHER	7. UNIT AGREEMENT NAME
	air Oil & Gas Company	8. FARM OR LEASE NAME
3. ADDRESS OF OPERATOR		F. M. Robinson "B" Unit
P. C	i and the first of the state of	9. WELL NO.
4. LOCATION OF WELL (Repo See also space 17 below.)	location clearly and in accordance with any State requirements.	10. FIELD AND POOL, OR WILDCAT
At surface	with line and local and it is	Grayburg Jackson
1,00 11 0110 0	auth line and 1980' fr the West line	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
		Sec. 27-T17S-R29L
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.)	
	3526' GR	12. COUNTY OR PARISH 13. STATE Lddy New Mex.
16.	hack Annuaries De T. I. It. and	
NOTE	heck Appropriate Box To Indicate Nature of Notice, Report, or O	ther Data
ſ	SUBSEQUI	ENT REPORT OF:
TEST WATER SHUT-OFF FRACTURE TREAT	PULL OR ALTER CASING WATER SHUT-OFF	REPAIRING WELL
SHOOT OR ACIDIZE	MULTIPLE COMPLETE FRACTURE TREATMENT	ALTERING CASING
REPAIR WELL	ABANDON* SHOOTING OR ACIDIZING CHANGE PLANS	ABANDONMENT*
(Other) SHUT WE	IN X (NOTE: Report regults of	of multiple completion on Well
7. DESCRIBE PROPOSED OR COB proposed work. If well	ETED OPERATIONS (Closely state 1)	tion Report and Log form.)
·	ropose to hold for use in future waterflood open	ation.
	RECEIVED	無力。 9 単 分 2 名名 - 第一次 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
	1 19 1967 g	
	C. C.	유럽 (14 - 15 - 15 년) 동화하는 (15 - 15 - 15 년)
	ACTODA, DEFINE	RECEIVED JUN 13 1967 SURVEY GEOLUGICAL MEXICO
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		TEN TO
		3196 WAVE
	9 (4) (4) (4) (4) (4) (4) (4) (4) (4) (4)	JUN 13 1967 SURVET JUN 13 1967 SURVET JUN 13 1967 MEXICO
		COLUMBIA MEAN
		N S. CELA ALL
. I hereby certify that the fi	going is true and correct	ARTES
SIGNED	TITLE Superint end ent	DATE 6-10-67
(This space or Federal or	atd office use)	
PROVED BY	TITLE	
CONDITIONS OF THE	L, IF ANY:	DATE
JUN 1 PKINA.	EP .	(数) 기계 발표 (설명) (항) 1 (1 (
A.L. BELLY CONT	*C 1	
10.00	*See Instructions on Reverse Side Origotics	USGS Artegia

cc: Regional Office