DEPART	TED STATES T OF THE INTERIOR OGICAL SURVEY	SUBMIT IN TO ICA	Te- 5. LEASE I	Form approved. Budget Bureau No. 42-R1424. LEASE DESIGNATION AND SERIAL NO.		
SUNDRY NOTICES (Do not use this form for proposals to Use "APPLICATION"	AND REPORTS ON	WELLS to a different reservoir.		074936 an, allottee oi	R TRIBE NAME	
OIL GAS OTHER	R	L Li L I V L D	7. UNIT AG	REEMENT NAME		
Z. NAME OF OPERATOR Texas American Oil Corporation JAN 17 1973				8. FARM OR LEASE NAME		
3. ADDRESS OF OPERATOR				McIntyre ''D'' 9. WELL NO.		
1012 Midland Savings Building, Midland, Texas 79701 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)				7 10. FIELD AND POOL, OR WILDCAT		
1980' FNL & 660' FEL, Sec 17-17-S-30-E				Grayburg Jackson 11. SEC., T., E., M., OR BLE. AND SURVEY OR AREA		
14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)				17-17-30 12. COUNTY OR PARISH 13. STATE		
	3675' G		Eddy	Ì	ew Mexico	
16. Check Appropr	iate Box To Indicate Natu				ew Mexico	
MOSTON AN ANNUAL DE LA COMPANIA DE L				ENT REPORT OF:		
TEST WATER SHUT-OFF PULL OF	R ALTER CASING	WATER SHUT-OFF	X	REPAIRING WELI		
	LE COMPLETE	FRACTURE TREATMENT		ALTERING CASIN	c	
BEPAIR WELL CHANGE		Other) Oil String	ng Casing	ABANDON MENT*	X	
(Other) (NOTE: Report results Completion or Recompleted or Completion of Recompletion of Recompletion or Reco			ults of multiple	and Log form)	Well	
Droposed work. If well is directionally denent to this work.) 1-8-73 to 1-11-73: Cable Tool T.D. 293 Pulled 2135' - 7'' case Class ''C'' with 50/50 with 150 sxs Dowell to 1500#.	35'. Ran 4-1/2'' - sing. Cemented 4: 0 pozmix w/4% gel	9.5# & 10.5# ca -1/2" casing usi & 1/4# cellofla	asing to 29 ing 150 sx ke followe	935¹. s	d zones perti-	
το 1300π.	•		:			
				JAN 151 S. GEOLOGIS BTESIA, N.	SID WINNE	
18. I hereby certify that the togoing is true as	nd correct			· · · · · · · · · · · · · · · · · · ·		
SIGNED	UL TITLE Engi	neer	. DATE	1-12-7	'3	
(This space for Federal or State office use)						
APPROVED BY CONDITIONS OF APPROVAL IF ANY:	TITLE		DATE		· · · · · · · · · · · · · · · · · · ·	
ACTING DISTRICT ETGINEER	*See Instructions on	Reverse Side				