Form 9-331 (May 1963)

U TED STATES SIGNICIONAR. ICATE* (Other instructions on reverse side) Form approved. Budget Bureau.No. 42-R1424. 5. LEASE DESIGNATION AND SERIAL NO.

Capy to SF

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			GEOL	OGICAL S	URVEY			3	IM 0467930		
	CLINIDE	V NIC	TICES	AND DI	FPORTS C	N WELLS		6. IF	INDIAN, ALLOTT	EE OR TE	IBE NAME
/Da == -4	JUNUA	n for pro	CIJIII	AINU KE	epen or plug by	rik to a differen	; it reservoir.		# 55 T	<u>.</u>	1.3.4
(130 not	use this form	se "APPLI	CATION	FOR PERMIT	for such pro	ick to a differer oposals.)				<u> :</u>	<u> </u>
								. 1	TIT AGREEMENT		<u> </u>
WELL	GAS X	****	DRY	HOLE		RE	CEIV	ED +	-000-HILLS	MORF	}0₩ -
NAME OF OPE	ERATOR							8. FA	RM OR LEASE N	AME.	
FRANKLIN	N, ASTO	N & FA	IR, LT	D.		111	N 2 4 197	'6 S	SINCLAIR	Ē	
ADDRESS OF	*		'				11 6 1 1J/	9. W	ELL NO.		
P. O. B	0X 1090	, ROSW	ELL, N	IEW MEXIC	co 88201			#	/1 (REEEN	fby)	: <u>;</u> ;
LOCATION OF	WELL (Repo	rt locatio	n clearly	and in accord	ance with any	State requireme	6. C. C.	10. I	FIELD AND POOL,	OR WILD	CAT
See also space At surface	ce 17 below.)				ART	esia, offi	CE	SOUTH LOC) HILI	S MORR
						-		11. 8	SEC., T., R., M., O	R BLK. AN	D .
990' FW	u - 210	o' ESL						i	SURVEY OR AB		1 = =
JJ 1 11									SEC. 22 -	17S -	- 30E
PERMIT NO.			15.	ELEVATIONS (S	Show whether DF,	RT, GR, etc.)			COUNTY OR PARI		
				3647 GR				1	EDDY	NE	W MEXIC
											j : , , _,
		Check.	Approp	riate Box T	o Indicate N	lature of Not	ice, Report, (or Other	Data:	 L .	
	NOT	ICE OF IN	TENTION 1	ю:		1	sue	SSEQUENT R	EPORT OF:	9	
					.v. []		STILLING COMP		REPAIRIN	c werr	
	CR SHUT-OFF			OR ALTER CASI		1	SHUT-OFF		ALTERING	: د	
FRACTURE 7				PLE COMPLETE	"		E TREATMENT		ABANDON	***	<u> </u>
SHOOT OR A	ACIDIZE		ABAND		 		NG OR ACIDIZING		ABA TOOK.	T.	
REPAIR WE	LL	L	CHANG	E PLANS		(Other)	long . Papart re	sults of mu	iltiple completion	n on W	ell
(Other)									Report and Log		touting on
Durguan	2. stappro	 wal re				÷		,	ing estimated the for all mark		
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*See Instructions on Reverse Side