Form 9-331 (May 1963)	UN :D STA DEPARTMENT OF TH		Other Instructions	Form appro Budget Bur 5. LEASE DESIGNATION	ean No. 42-R1424	
			tesia, MM 88210	LC-060529		
C/SF	NDRY NOTICES AND R	EPORTS ON	WELLS	6. IF INDIAN, ALLOTT	7 PR 1 3 1982	
(Do not use tr	Use "APPLICATION FOR PERMIT	7 UNIT AGREEMENT A	7. UNIT AGREEMENT NAME C. D.			
1. OIL GAS	Uston Injo	otion		A. ONII ZOZZZAZA	ARTESIA, OFFICE	
WELL WELL 2. NAME OF OPERATOR		ction		8. FARM OR LEASE NA	AME	
	rican Oil Company of To	exas 🗸		Beeson "F"		
3. ADDRESS OF OPERA				9. WELL NO.		
P. O. Box 1	5	10. FIELD AND POOL, OR WILDCAT				
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)					OR WILDER	
At surface				Loco Hills 11. BBC., T., B., M., O		
22101 ENL 5	nd 16EO! EEL of Section	n 31 T_17S	R-30F	SURVEY OR ARI	14	
2310' FNL and 1650' FEL of Section 31, T-17S, R-30E				Sec. 31, T-1		
14. PERMIT NO.	15. ELEVATIONS (S	Show whether DF, RT,	GR, etc.)	12. COUNTY OR PARIS	1	
		3568' DF		<u> Eddy</u>	New Mexico	
16.	Check Appropriate Box T	o Indicate Natu	re of Notice, Report,	or Other Data		
20.	Chicago Contraction of the Contr				QUENT REPORT OF:	
			WATER SHUT-OFF	REPAIRING	WELL	
TEST WATER SHU	T-OFF PULL OR ALTER CASS MULTIPLE COMPLETS		FRACTURE TREATMENT	ALTERING	CABING	
FRACTURE TREAT SHOOT OR ACIDIZE			SHOOTING OR ACIDIZING	ABANDONM	ENT*	
REPAIR WELL	CHANGE PLANS		(Other)	Ti d Mala completto	n on Well	
(Other) Place	on Production and Tes	t. X	Completion or Rec	sults of multiple completio completion Report and Log	torm.)	
	with rule 705A, we requ					
				5u5111g, 10u5, 1	.,,,	
zones of wa	ater injection (2829' -	2849') be	pump tested.			
If approved	d, this well will be pl	aced on pro	duction within t	the next 30 days.		
				SAME TOWN		
				Jugaria de Lita-		
				MY APR 8 13	S2 (1)	
				egg a cal	2 	
				U.S. GEOLOVICA ROSWELL, KEW	MILACO	
18. I hereby certify	that the foregoing is true and correct					
SIGNED	dell of Nawkins	TITLE Fiel	d Superintedent	DATE Mai	rch 31, 1982	
(This space for	Federal or State office use)			APPROVE	D	
		MIMI E		DATE		
APPROVED BY CONDITIONS OF	F APPROVAL, IF ANY:	TITLE				
				APR 9 198	32	
				Lal-		
	*S	ee Instructions o	n Reverse Side	DISTRICT SUPER	1	