•		0, 0, c, com	Capit is
Form 9-331 (May 1963)	ITED STATES	SUBMIT IN The ICATE	Form approved.
DEPARTMENT OF THE INTERIOR (Other instructious on GEOLOGICAL SURVEY			Budget Bureau No. 42-R1424.  5. LEASE DESIGNATION AND SERIAL NO.
			LC 028936 (4)
SUNDRY	NOTICES AND REPORTS	ON WELLS	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
(Do not use this form for	proposals to drill or to deepen or plug PPLICATION FOR PERMIT—" for such	bacho rdiffrent reservoir	
Use "A.	PPLICATION FOR PERMIT—" for such	propessist LEIVED	
OIL T GAS		•••	7. UNIT AGREEMENT NAME
NAME OF OPERATOR	HER	JUL 2 4 1974	8. FARM OR LEASE NAME
Anadayka Pe	eduction Company		Federal M
ADDRESS OF OPERATOR	or monthly combined	O. C. C	9. WELL NO.
P. O. Bex 6	7. Leco Hills. New 1	Hex Line ES 6829 CE	
LOCATION OF WELL (Report loc See also space 17 below.)	ation clearly and in accordance with an	y State requirements.*	10. FIELD AND POOL, OR WILDCAT
At surface			Loce Hills
2	310' PS & BL	_	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
8	ee. 31, T 178, R 30	<b>B</b>	
PERMIT NO.	ddy County, New Mex		3 - 17 - 30
. PERMIT NO.	15. ELEVATIONS (Show whether I	OF, RT, GR, etc.)	12. COUNTY OR PARISH 13. STATE
			Eddy New Next
Chec	k Appropriate Box To Indicate	Nature of Notice, Report, or (	Other Data
	INTENTION TO:		UENT REPORT OF:
TEST WATER SHUT-OFF	BULL OR ALTER GLOSVO		
FRACTURE TREAT	MULTIPLE COMPLETE	WATER SHUT-OFF FRACTURE TREATMENT	REPAIRING WELL
SHOOT OR ACIDIZE	ABANDON*	SHOOTING OR ACIDIZING	ALTERING CASING ABANDONMENT*
REPAIR WELL	CHANGE PLANS	(Other Sq. Loco H	ills Recomp in Provide
(Other)		(Note: Report result	s of multiple completion on Well eletion Report and Log form.)
. DESCRIBE PROPOSED OR COMPLET	ED OPERATIONS (Clearly state all pertine	nt dotails and wise neutinent dates	, including estimated date of starting any al depths for all markers and zones perti-
PBTD of SSN Perferated 1 HCL, 26,000	23-41 with 300 sks of 30. Brilled out eld Premier Zene 3058-68 gals. gelled KCL was. Put well en prod	ter and 26,000# 2	to OTD of 3110'. Premier w/500 gals
			A harman (No. 18 m) of the state of the stat
I hereby certify that the forego	sing is true and correct		B.S. T.
SIGNED CP15199	Signed by TITLE A	rea Supervisor	DATE July 18, 1974
(This space for Federal or State APPROVED BY CONDITIONS OF APPROVAL,	TITLE		DATE
	_	•	

\*See Instructions on Reverse Side