## UN' D STATES SUBMIT IN TRIP: TEDEPARTMEN OF THE INTERIORCE OF COMMISSIONS

Form approved.

Budget Bureau No. 1004-0135

Expires August 31, 1985

LEASE DESIGNATION AND SERIAL NO.

| clsf |  |
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| APPROVED  | BY   |                         |  | TITLE                | ·                                     |  | DATE                             |  |            |
|---|--|-------------------------|--|----------------------|---------------------------------------|--|----------------------------------|--|------------|
| (This space   | for Federal or   | r State office          | use)   |                      |                                       |  |                                  |  | , .        |
| 18. I hereby cer<br>SIGNED  | tify that the f  | Coregoing is            | true and correct   | TITLE                | Engineer                              |  | DATE                             | 5/25/8   | 9          |
|   |  |                         |  |                      |                                       |  |                                  | Co. 10 59 11 189   | IVED       |
|   | 5/20/89<br>5/23/89                                     | 3466'<br>back.<br>Frac' | d 3291-3466<br>ed water + 8                                      | gal. 15%<br>' with 4 | NEFE aci<br>8,000 gal                 | .d. Swabb  | ed well<br>ss-linked             |  |            |
| FRACTURE T SHOOT OR A REPAIR WEL (Other)  17. DESCRIBE PRE proposed nent to thi | R SHUT-OFF REAT CIDIZE  L  Prosed or Contwork. If well | PLETED OPER             | CLL OR ALTER CASIN<br>ULTIPLE COMPLETE<br>BANDON®<br>HANGE PLANS | te all pertines      | FRACTU SHOOT! (Other                  | SHUT-OFF  RE TREATMENT  NG OR ACIDIZING  )  NOTE: Report reampletion or Re | X A                              | EPAIRING WELL LITERING CASING BANDONMENT®  completion on V  and Log form.) | Well       |
| 16.   |  | heck App                | propriate Box To   |                      |                                       |  |                                  |  | IVI        |
| 14. PERMIT NO.  |  |                         | 15. ELEVATIONS (S)   | ow whether be        |                                       |  |                                  | OR PARISH 13   |            |
| See also spac<br>At surface   | sl & 660'  |                         |  |                      |                                       | TÖ, C. D.<br>Artesia, <b>Offic</b>   | Grayba<br>11. smc., T.,<br>surve | ITG Jacks B., M., OR BLK. T OR ARMA  | on Sk-Qu   |
| 3. ADDRESS OF (   | Box 2208,  | Roswel                  |  |                      | State requirem                        | UN 08 '89  | 9. WELL NO. 46                   | Keel "B"   | UDCAT      |
| OIL X   | GAS<br>WELL.   | OTHER                   |  | •                    | · · · · · · · · · · · · · · · · · · · | RECEIVED   | 8. FARM OR                       | LEASE NAME   |            |
| (Do not   |  |                         | ES AND RE  |                      |                                       | S 88210<br>ent reservoir.  |                                  | , ALLOTTEE OR  | TRIBE NAME |

\*See Instructions on Reverse Side

CONDITIONS OF APPROVAL, IF ANY:

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