RECEIVED

Form 9-331 (May 1963)

WELL X

14. PERMIT NO.

16.

2. NAME OF OPERATOR

3. ADDRESS OF OPERATOR

TEST WATER SHUT-OFF

PRACTURE TREAT

REPAIR WELL

SHOOT OR ACIDIZE

proposed work. In nent to this work.)

ACTING DISTRICT ENGINEER

GAS WELL

OTHER

RECEIVED

OCT 2 1 1975

OCT - 1 1975

O. C. C. ARTESIA, OFFICE U. S. GEOLOGICAL SURVEY. ARTESIA, NEW MEXICO

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|---|-----------------------------|--------------|
| SIGNED | TITLE Dist Prod & Drlg Supt | DATE 9-26-75 |
| (This space for Federal or State office use) APPROVED BY CONDITIONS OF APPROVAL, IF ANY: | TITLE | DATE |

*See Instructions on Reverse Side