		have been concerned			
Form 9-331 (May 1963) NITED STATES SUBMIT IN PLICATE DEPARTMENT OF THE INTERIOR (Other Instruction is on re- verse side) GEOLOGICAL SURVEY				Form approved. Budget Bureau No. 42- 5. DEASE DESIGNATION AND SERIAL NM-033775	
SUNDRY NOTICES AND REPORTS ON WELLS (Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use "APPLICATION FOR PERMIT_" for such proposals.) 1. OIL WELL X GAS WELL OTHER				6. IF INDIAN, ALLOTTEE OR TRIBE NAME NONE 7. UNIT AGREEMENT NAME NONE	
3. ADDRESS OF OPERATOR P. O. Box 728 - Hobbs, N. M.				9. WELL NO. 5	
<ol> <li>LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface</li> </ol>				10. FIELD AND POOL, OB WILDCAT North Benson Queen	Air.
	1650' from the Sout Section 28, T-18-S,			11. SEC., T., R., M., OR BLE. AND SUBVEY OR AREA Sec. 28, T-18-S, R.	-30-E
14. PERMIT NO. Regular		(Show whether DF, RT, GR, 34991 (D. F.)	etc.)	12. COUNTY OF PARISH 13. STAT Eddy N. M.	_
16.	Check Appropriate Box	To Indicate Nature	of Notice, Report, or O	ther Data	
TEST WATER SHUT-OF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (Other) 17. DESCRIBE PROPOSED OR proposed work. If nent to this work.)*	X MULTIPLE COMPLE ABANDON* CHANGE PLANS COMPLETED OPERATIONS (Clearly well is directionally drilled, give	STE	WATER SHUT-OFF FRACTURE TREATMENT SHOOTING OR ACIDIZING (Other) (NOTE: Report results Completion or Recomple ls, and give pertinent dates, id measured and true vertical	ENT REPORT OF: REPAIRING WELL ALTERING CASING ABANDONMENT* of multiple completion on Well tion Report and Log form.) Including estimated date of starti depths for all markers and zones	ng any s perti-
-	propose to do the f Pull the pump equip	-	on subject well:		- 
	Frac existing perf water & 112,500 po	orations with	75,000 gallons gel	Lled	
3.	Swab well, recover	load, Test, &	-		
		RECEIV JUBI 271	ED 367 P	ECEIVED JUN 261967 JUN 261967 JUN 261967 SURVET JUN 261967 SURVET	
18. I hereby certify that the signed hereby	the foregoing is true and correc		ant District Supt.		<u> </u>
(This space for Fider	i or state office use)				
A DINDITIONS OF 198	2.	TITLE		<b>DATE</b>	
ACTING DISTRICT F	NGIN-*	See Instructions on F	leverse Side	· .	