	$\widehat{}$	ICT
	N.M	vision CIST
DEPARTMENT OF TH	TES AND NOT	()-2834 FORM APPROVED Budget Bureau No. 1(XH-0135 Expires: March 31, 1993 5. Lease Designation and Serial No.
for proposals to drill or to d	eepen or reentry to a different reservo	6. If Indian, Allottee or Tribe Name
SUBMIT IN TRIF	PLICATE	7. If Unit or CA, Agreement Designation
Other		8. Well Name and No.
CORPORATION	(505) 748-1471)	Creek AL Federal #7 9. API Well No.
t., Artesla, NM 8821	0	30-015-20284 10. Field and Pool, or Exploratory Area
	8S-R3OE (Unit M, SWSW)	Shugart Yates Queen Gyb 11. County or Parish, State
		Eddy Co., NM
MISSION		
t	Abandonment	Change of Plans
xort	Recompletion	New Construction
nent Notice	Casing Repair Altering Casing X Other Correct Well Name	Water Shut-Off
Operations (Clearly state all pertinent deta ad measured and true vertical depths for a	ils, and give pertinent dates, including estimated date of sta ill markers and zones pertinent to this much by	(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form) rting any proposed work. If well is directionally drilled
	The second to the work of	
\L #7		
L Federal #7		
t is frue and correct	eOperations Technician	
I YUN Til	<u>eperacrons</u> recunteran	Date June 2, 1998
	DEPARTMENT OF TH BUREAU OF LAND M. NDRY NOTICES AND RE or proposals to drill or to d APPLICATION FOR PERMIT SUBMIT IN TRIF Other CORPORATION t., Artes La, NM 8821 T. R., M., or Survey Description) FWL of Section 24–T1 ROPRIATE BOX(s) TO IN MISSION Cont nent Notice Operations (Clearly state all pertinent deta df measured and true vertical depths for a ell name as follows: L #7	UNITED STATES UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT NDRY NOTICES AND REPORTS ON WELLS or proposals to drill or to deepen or reentry to a different reserved APPLICATION FOR PERMIT—" for such proposals SUBMIT IN TRIPLICATE Other CONER CORPORATION (505) 748-1471) C., ArtesLa, NM 88210, R., M., or Survey Description) FWL of Section 24-T18S-R30E (Unit M, SWSW) ROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REF MISSION TYPE OF ACTIVE Casing Repair Attering Casing Conter Correct Well Name Operations (Clearly size all perfinent details, and give perfinent to this work.)* e11 name as follows: L #7

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