	N. M. O. B. S. CO		1.
Farm 9-331	UNITED STATES	SUBMIT IN TRILLCATE* (Other instructions on re-	Form a Budget b No. 42-1. 124.
(May 1963) DEPA	RTMENT OF THE LITTER	RIOR (Citter institutions on re	5. LEASE DESIGNATION AND SERIAL NO.
	GEOLOGICAL SURVEY		- 131 <u>-</u> 06766
	6. IF INDIAN, ALLOTTEE OR TRULE NAME		
SUNDRY N			
(Do not use this form for Use "AP			
			7. UNIT AGREEMENT NAME
OIL GAS	Hater Injection I	fell 🗼 🗼	No. Hackberry Yates Unit
NAME OF OPERATOR			8. FARM OR LEASE NAME
•	. /	V/	
Call Cil Comporat Address of Operator	lon ,		9. WELL NO.
	T31 000/0		110
Box 670, Hobbs, N.M. 88240 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*			10. FIELD AND POOL, OR W.Che. 2
See also space 17 below.)			N. Hackberry Yates Seven
At surface			11. SEC., T., R., M., OR BLK, AND
-/roa 777 003.04 T	TOTAL OF SOM COM		SURVEY OR ARDA
1650 * FSL 2310 * FEL Section 24-198-308			7 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
14. PERMIT NO. 15. ELEVATIONS (Show whether DF, NT, GR, etc.)		DF, &T, GR, etc.)	12. COUNTY OR PARISH 13. STATE
			Eddy N.M.
	k Appropriate Box To Indicate Internation to:		Other Data QUENT REPORT OF:
TEST WATER SHUT-OFF	PULL OR ALTER CASING	WATER SHUT-OFF	REPAIRING WELL
FRACTURE TREAT	MULTIPLE COMPLETE	PHACTURE TREATMENT	ALTERING CASING
SHOOT OR ACIDIZE	ABANDON*	SHOOTING OR ACIDIZING	ABANDON MENT*
REPAIR WELL	CHANGE PLANS	(Other) lanyer ted	to inter in jerniem 14
(Other)		(Norm: Report resul	ts of multiple completion on Well pletion Report and Log form.)
17. DESCRIBE PROPOSED OR COMPLEY proposed work. If well is nent to this work.) *	directionally drilled, give substitute in	nert details, and give pertinent date occations and measured and true verti	s, including estimated date of starting any ical depths for all markers and zones perti-
2055 1 PB. Ran 491	$^{\circ}$ x 2–3/8 $^{\circ}$ Greboro in (o. byce packer and	00 JOHNS OF 8-7/0, On
4.70, plastic coa	ited tubing. New position	\cdot at issuf V thosed in $ ho$	60 joints of 2-3/8000 cending start of water
injection.	F	lles annules à	ill trotal water
Will advise date			
Ps 1896-192	7		

RECEIVED

JUL 1 2 1963

O. C. C. ARTESIA, OFFICE

18. I hereby certify that the foregoing is true and correct

SIGNED TITLE TO RECEION MENAGER DATE

(This space for Federal or State office use)

APPROVED BY DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

APPROVED

JUL 11 1965

R. L. DLIVINAN

ACTING DISTRICT ENGINEER