Form 9-331 (May 1963)	DEPARTMEN	TED STATES T OF THE INTE	SUBMIT IN TRIPL: (Other Instructions verse side)	on re- 5. LEAS	Form approved. Budget Bureau No. 42 E DESIGNATION AND SERI
		OGICAL SURVEY			029392 (a) IDIAN, ALLOTTEE OR TRIBI
		AND REPORTS			
(Do not use this	Use "APPLICATION	FOR PERMIT-" for such	g back to a different reservoir h proposals.)	·	
1. 01L GAS			· · · · · · · · · · · · ·	1. S.	AGREEMENT NAME
WELL X WELL 2. NAME OF OPERATOR	OTHER				t Shugart Unit
Atlantic Rich	nfield Company	. /	,	Eas	t Shugart Unit
3. ADDRESS OF OPERATO			······································	9. WELI	4 NO.
P. O. Box 197	78, Roswell, N	New Mexico 88201 and in accordance with a	l ny State regulrements •	- 18 10 RIE	LD AND POOL, OR WILDCA
See also space 17 bel At surface	ow.)				gart, Y, 7R, Q,
Unit Letter a	l			11. SEC	., T., R., M., OR BLK. AND URVEY OR AREA
1650' FSL					
1650 [†] FEL 14. PERMIT NO.	15.	ELEVATIONS (Show whether	DF, RT, GR, etc.)		. 34, T185, R3
		3620 DF		Edd	y New M
	Check Annian		Nature of Notice, Repo	······································	
· .	NOTICE OF INTENTION 1			SUBSEQUENT REPO	
TEST WATER SHUT-C		DR ALTER CASING	WATER SHUT-OFF		REPAIRING WELL
FRACTURE TREAT		PLE COMPLETE	WATER SHUT-OFF FRACTURE TREATMEN	ST T	ALTERING CASING
SHOOT OR ACIDIZE	ABANDO		SHOOTING OR ACIDIZ	ING	ABANDONMENT*
BEPAIR WELL	CHANG	E PLANS			and well name
(Other)					ple completion on Well ort and Log form.)
• · · · · · · ·	* #14-08-001-115	572			
Unitization	* #14-08-001-115	572 r will change fr	rom Hinkle A Well	#2 to East	
Unitization	• #14-08-001-115 nd well number	572 r will change fr		#2 to East	
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Unitization	• #14-08-001-115 nd well number	572 r will change fr		#2 to East	
Unitization	* #14-08-001-115 nd well number fective 7-1-69	572 will change fr 9		#2 to East	
Unitization	* #14-08-001-115 nd well number fective 7-1-69	572 r will change fr		#2 to East	
Unitization	* #14-08-001-115 nd well number fective 7-1-69	SEIVED		#2 to East	
Unitization	* #14-08-001-115 nd well number fective 7-1-69	572 will change fr 9		#2 to East	
Unitization	#14-08-001-115 nd well number fective 7-1-69 RE	SEIVED		#2 to East	
Unitization	#14-08-001-115 nd well number fective 7-1-69 RE	SEIVED		#2 to East	
Unitization	#14-08-001-115 nd well number fective 7-1-69 RE	SEIVED		#2 to East	
Unitization	#14-08-001-115 nd well number fective 7-1-69 RE	SEIVED		#2 to East	
Unitization	#14-08-001-115 nd well number fective 7-1-69 RE	SEIVED		#2 to East	
Unitization	#14-08-001-115 nd well number fective 7-1-69 RE	CEIVED		#2 to East	
nent to this work.) Unitization Lease name an Well #18, ef	#14-08-001-115 nd well number fective 7-1-69 RE	DEIVED			
nent to this work.) Unitization Lease name an Well #18, ef Well #18, ef Is. I hereby certify that SIGNED	#14-08-001-115 nd well number fective 7-1-69 REI	DEIVED	rom Hinkle A Well		Shugart Unit
nent to this work.) Unitization Lease name an Well #18, ef Well #18, ef Is. I hereby certify that SIGNED	#14-08-001-115 nd well number fective 7-1-69 REI	DEIVED	rom Hinkle A Well	Supt. D	Shugart Unit
nent to this work.) Unitization Lease name an Well #18, ef Well #18, ef Is. I hereby certify that SIGNED	#14-08-001-115 nd well number fective 7-1-69 REI	DEIVED	rom Hinkle A Well	Supt. D	Shugart Unit
nent to this work.) Unitization Lease name an Well #18, ef Well #18, ef Is. I hereby certify that SIGNED	#14-08-001-115 nd well number fective 7-1-69 REI	DEIVED	rom Hinkle A Well	Supt. D	Shugart Unit
nent to this work.) Unitization Lease name at Well #18, ef. 18. I hereby certify that SIGNED	#14-08-001-115 nd well number fective 7-1-65 RE[ARTE t the foregoing is true eral or State office use PRESEDI, IF MY:	DEIVED	rom Hinkle A Well	Supt. D	Shugart Unit