N. 11. O. C. C. COPY Copy y. J.

DEPARTMENT OF THE H	The state of the s	+ 5. LEASE DESIGNATION AND STRAIN NO.
GEOLOGICAL SUR		NM 0445684-A
SUNDRY NOTICES AND REPO	RTS ON WELLS	6. IF INDIAN, ALLOTTEE OR TRILE NAME
(Do not use this form for proposals to drill or to deepen Use "APPLICATION FOR PERMIT" for	or such proposals.)	i
I. OIL GAS WELL OTHER		7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR		8. FARM OR LEASE NAME
Southwestern Natural Gas, Inc.		Kerr-McGee federal
3. ADDRESS OF OPERATOR	idland. Texas 79701	9. WELL NO.
412 First State Bank Building, M. LOCATION OF WELL (Report location clearly and in accordance)	,	ONE 10. FIELD AND POOL, OR WILDCAT
See also space 17 below.) At surface	vita any state requirements.	
660' FNL & 1980 FWL Sec. 33, T-1	9-S, R-31-E, NMPM 24	Lusk Strawn 11. sec., T., E., M., OB ELW. AND SUBVEY OR ABEA Sec. 33, T-19-S,
		R-31-E, NMPM
14. PERMIT NO. 15. ELEVATIONS (Show w	hether DF, RT, GR, etc.)	12. COUNTY OR PARISH 13. STATE
3418.5 gr	ound level	Eddy N.M.
16. Check Appropriate Box To Ind	icate Nature of Notice, Report, or (Other Data
NOTICE OF INTENTION TO:		UENT REPORT OF:
		7
TEST WATER SHUT-OFF PULL OR ALTER CASING	WATER SHUT-OFF	REPAIRING WELL
FRACTURE TREAT MULTIPLE COMPLETE	FRACTURE TREATMENT	ALTERING CASING
SHOOT OR ACIDIZE	SHOOTING OR ACIDIZING (Other) Setting S	urface casing
REPAIR WELL CHANGE PLANS		s of multiple completion on Well detion Report and Log form.)
(Other) 17. DESCRIBE PROPOSED OF COMPLETED OPERATIONS (Clearly state all proposed work. If well is directionally drilled, give subsurnent to this work.)	partinent dataily and give partinent dates	including estimated date of standard any
FIRST REPORT: Spud date 3 PM 10	-24-66	
Ran 22 joints 48#, 13-3/8" casir Cemented with 300 sx 16% gel, 3/	g. Measured 713', se 10th of 1% R-5, 15 sx	t @ 714' (RTM) regular neat.
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Work performed October 25, 1966.	į	
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RECE	IVED	RECEIVED NOV 1 0 1966 NOV 1 0 1966 NOV 1 0 1966 NEW MEXICO ARTESIA. NEW MEXICO
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ARIEL	on for Francis	il. StresiA.
		ARIL
18. I hereby certify that the foregoing is true and correct		
SIGNED N. M. Mickey TIT	E Office Manager	DATE11-4-66
(This space for Federal of State office use)		
CONORTONS ON APPROVAL, IF ANY:		DATE
DDK COS		
A STATE OF THE STA		
See Inst	ructions on Reverse Side	