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Form 9–331 (May 1963)	DEPARTI	UNITED STA MENT OF TH GEOLOGICAL S	E INTERIOR	SUBMIT IN TRIPLIC. (Other instructions of verse side)	n re	Form approv Budget Burg EASE DESIGNATION	au No. 42-R1424.	
(Do not s	SUNDRY NOT use this form for propor Use "APPLICA		epen or plug back t				E OR TRIBE NAME	
	GAS				7. 0	NIT AGREEMENT N	AME	
WELL L	WELL OTHER	UAN WAT	TER INJECTIO	FB 1 5 1979	8 1	ARM OR LEASE NA	ME	
2. NAME OF OPE	F OIL CORPORAT	TON	Г	CD 1 9 1979		Littlefield "AB" Federal		
3. ADDRESS OF C						LECIEILEIC	<u>1 AB Fede</u> ral	
Ρ.	0. Box 670, H	obbs, New Me	xico 88🏏	ÎTEBIA, OFFICE		14		
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)					10.	10. FIELD AND POOL, OR WILDCAT		
At surface	1. ((((()))))					Shugart (Y- sec., t., R., M., OR SUBVEY OR ABE	BLK. AND	
990	' FSL & 1650'	FFI				Sec 22, T-	180 D_31F	
14. PERMIT NO.	1000		how whether DF, RT,	GR, etc.)		COUNTY OR PARIS	H 13. STATE	
		1	36 53' G	L	1	Eddy	New Mexico	
16.			- I. d'anta Natu	e of Notice, Report,	as Other	Data		
10.	-	•	o indicate inatui		BSEQUENT I			
	NOTICE OF INTEN	TION TO:	[]	St	BSEQUENT 1	TRPORT UB.	[]	
TEST WATER		PULL OR ALTER CASE		WATER SHUT-OFF		REPAIRING		
FRACTURE TH		MULTIPLE COMPLETE ABANDON*		FRACTURE TREATMENT SHOOTING OR ACIDIZING		ALTERING (
SHOOT OR AC REPAIR WELD		CHANGE PLANS		(Other)Inspec	ted &	Filled Cel	larXX	
(Other)	·			(Norr Report r	esults of my	ltiple completion Report and Log f	on Well	
proposed v nent to this	vork. If well is directions work.)*	onally drilled, give i	subsurface locations	ails, and give pertinent and measured and true e ground level.	vertical dep	ins for an marke	rs aud zones perti-	
Byr	d Jones with U	. S. Geologi	ical Survey.	Filled cellar	r, 2-1-	79.		
							•	
					ė			
18. I hereby cert	ify that the foregoing A	ls true and correct		- ·		0.1	06 70	
SIGNED	11. S. A.K.	es fre	TITLEA	rea Engineer		DATE 02	-06-79	
(This space APPROVED	for Federal or State of	ice use	TITLE	ING DISTRICT EN	GINEER	DATE F	EB 1 4 1979	
CONDITION	S OF APPROVAL, IF	ANY :						

*See Instructions on Reverse Side