			N. M.			Con	sy USF	
m 0 221.		u ⁶ ED STAT	'FS	SUBMIT IN TRI	ATE.	Form approved		
Form 9-331 (May 1963)	DEPARTML OF THE INT			7611		5. LEASE DESIGNATION		
				y (C reside as as,		NM045275	•	
		GEOLOGICAL SI				6. IF INDIAN, ALLOTTI	EE OR TRIRE NAME	
S	UNDRY NO	TICES AND RE	PORTS C	N WELLS	1			
(Do not use	this form for prop	osals to drill or to dee	pen or plug of	possis.)				
1.	USE ATTE	DATION TO THE	R	ECEIVED)	7. UNIT AGRESMENT 2	AND THE	
OIL V GA					_		<u> 1 2 4 4 3</u>	
2. NAME OF OPERAT		· · · · · · · · · · · · · · · · · · ·		OCT 1 2 1973		8. FARM OR LEASE NA	- 3 3	
Roger C. H				001 1 2 1010		Vicki Fee	deralit	
3. ADDRESS OF OPE	LATOR			O. C. C.	1	9. WELL NO. A -		
2100 Wilco	Bldg., M	idland, Texa	15	U. U. U.		10. PIBLD-AND POOL,	OR WILDCAT	
4. LOCATION OF WE	LL (Report location	iclearly and in accorda	nce with any	State requirements."	- 1	_	w-Upper Per	
At surface			,		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	11. SEC., T., B., M., O		
1980	' FNL and	1980' FEL			1	SURVEY OF AR		
						26-20S-24	Harris Target	
		15. BLEVATIONS (SE	aw whether DF	RT. GR. etc.)		12. COUNTY OF PARIS		
14. PERMIT NO.		3650'		,	ļ	Eddy = 1	New-Mexic	
				434 . D	. 0	.h., D.,	7 7 7 7	
16.	Check /	Appropriate Box To	Indicate N	ature of Notice, Repo				
	NOTICE OF IN	ENTION TO:			20383QU1	NY REPORT OF:		
TEST WATER S	8.07-0FF	PULL OR ALTER CASIN	ts	WATER SEUT-OFF		REPAIRING	S WELL	
FRACTURE TREA	11	MULTIPLE COMPLETS		FRACTURE TREATME	NT	ALTERING		
SHOOT OR ACID	[]	ABANDON*		SHOOTING OR ACIDIZ	ING X	ABANDON	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
REPAIR WELL		CHANGE PLANS		(Other) Reper	t results	of multiple completion	on on Well:	
(Other)				Completion or	Recomple	including estimated	date of starting any	
17. DESCRIBE PROPO	SED OR COMPLETED	operations (Clearly statetionally drilled, give s	ite all pertines subsurface loca	t details, and give pertine tions and measured and tru	ue vertica	l depths for all mark	zers and zones perti-	
nent to this w	rork.) *						touried	
				. If months	We t	went in and		
This well	has been	shut in for	approx	15 months.	nole.	Then we:		
				o clean the h				
put it on	production	on. Enclose	M OTES	map of the go				
to the well	lls in the	e Dagger Dra	iw arca.				Table Table Market	
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						U. S. Brail	Marie 1	
						ARTES		
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P		/						
18. I hereby certif	That the income	s true and correct	/		. 1.	1/5	172	
SIGNED A	unna l	I MEGIERAL	TITLE P	roduction Cle	rĸ	DATE 4 / 5)	
(This voice *	or Federal or State	• oZ.ic urseX/						
(Tura space 10			mray r			DATE		
APPROVED	APPROVAL	IF ANY:	TITLE					
VODK.	,02 =====					, ° ¥i î S		
oct 11	1973							

*See Instructions on Reverse Side