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Form 2130-3 (June 1990)	DEPARTME: BUREAU OF	TED STATES NT OF THE INTERIOR LAND MANAGEMENT AND REPORTS ON WE	RECEIVED	FORM APPROVED Budget Bureau No. 1004-0135 Expires: March 31, 1993 5. Lease Designation and Serial No. NM 045274 F624	
	form for proposals to di Use "APPLICATION FO	 If Indian, Allottee or Tribe Name N/A 			
	SUBMI	7. If Unit or CA. Agreement Designation N/A 8. Well Name and No. Hill View AHE Federal #6 9. API Well No.			
1. Type of Well Gas Well Gas Well 2. Name of Operator	Other				
•	EUM CORPORATION				
	No. 1 St., Artesia, NM nge. Sec., T., R., M., or Survey D	30-015-26601 10. Field and Pool, or Exploratory Area South Dagger Draw U/Penn			
	FNL, 1980' FEL, S	11. County or Parish, State Eddy, NM			
I2. CHECK	APPROPRIATE BOX	s) TO INDICATE NATUR	E OF NOTICE, REPOR	T, OR OTHER DATA	
TYPE OF	SUBMISSION		TYPE OF ACTION		
Notice of	of Intent	Abandonment Recompletion	τ	Change of Plans New Construction	
Final A	uent Report bandonment Notice	REPORT 1S	g eat well ST PRODUCTION.	Non-Routine Fracturing Water Shut-Off Conversion to Injection Dispose Water (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	
13. Describe Proposed or Co give subsurface loc	ompleted Operations (Clearly state al ations and measured and true vertic	I pertinent details, and give pertinent date al depths for all markers and zones pert	s, including estimated date of starting inent to this work.)*	any proposed work. If well is directionally drilled,	
and scale inh and benzoic a 6-23-91. Rec	ibitor. Treated acid flakes in 10#	Water had skim of o	th 2 drops of 1000)# graded rock salt	

14. I hereby certify that the foregoing is true and correct Sirrect U + winter a Windle to	Title	Production Supervisor		Date 7-5-91			
(This space for Federal or State office use)				ACCEPTED FOR RECORD			
Approved by Conditions of approval, if any:	Title			5 1991			
Tide 18 U.S.C. Section 1001, makes it a crime for any person knowingly or representations as to any matter within its jurisdiction.	y a nd wil	lifully to make to any department or agency of the U	ited S	States any false, fictitious or fraudulent st temer			
	'See in	nstruction on Reverse Side	UA	IKLSBAD, NEW MEXICO			