Form 9-331		TES	SUBMIT IN / JCA	Dudge	approved. t Bureau No. 42–R1424.	
(May 1963)	DEPARTMENT OF TH	E INTERIOR	(Other instru. s on verse side)	5. LEASE DESIGN	NATION AND BERIAL NO.	
	GEOLOGICAL S	SURVEY	lift 1:	h INM 0367	/ LLOTTEE OR TRIBE NAME	
(Do not use this	IDRY NOTICES AND R	EPORTS ON epen or plug back to the for such proposable	wells			
OIL GAS WELL WELL	OTHER			7. UNIT AGREED	ENT NAME	
WELL L WELL OTHER 2. NAME OF OPERATOR Harvey E. Yates					8. FARM OR LEASE NAME Stebbins Deep Fed.	
3. ADDRESS OF OPERATOR				9. WELL NO.		
305 Carper Building - Artesia, New Mexico 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*					10. FIELD AND POOL, OR WILDCAT	
4. LOCATION OF WELL ( See also space 17 be At surface	Report location clearly and in accord low.)	ance with any state	requirements.	Wild		
1980 FN 8	$\mathbf{k}$ 990 FE Line of $\mathbf{S}$	ec. 30-T208	S-R-29E	30-20	OR ARDA	
	15 ELEVATIONS (S	show whether <b>DF, RT, G</b>	3, etc.)	12. COUNTY OF		
14. PERMIT NO.		36 GR		Eddy	N.M.	
16.	Check Appropriate Box T	o Indicate Nature			·	
	NOTICE OF INTENTION TO :		នប	BSEQUENT REPORT OF:	· 	
TEST WATER SHUT-	OFF PULL OR ALTER CASI	ING	WATER SHUT-OFF		AIRING WELL	
FRACTURE TREAT	MULTIPLE COMPLETE	s	FRACTURE TREATMENT		ERING CASING	
SHOOT OR ACIDIZE	ABANDON*		shooting or Acidizing	L		
REPAIR WELL	CHANGE PLANS		(Other) Other (Note: Report r	sults of multiple com completion Report and	pletion on Well	
(Other)	OR COMPLETED OPERATIONS (Clearly st If well is directionally drilled, give	nte all pertinent det	uls, and give pertinent	lates, including estim	ated date of starting an	
	SD 2014 2" 12-N nipple Set Hallibu packer and No pressure	7004 J. 1 oversnot t profile 1 rton KTTS j pressure t drop.	atch as <mark>sy.</mark> i ubing seal d	n place and ivider with sing above O psi surfa	212 11 N Otis WA	
18. I hereby certify th	at the foregoing is true and correct		U. ANTESIA.		9-22-66	
SIGNED	nest manac	TITLE		DATE		
(	ederal or State office use)		STRICT ENGINEER.	DATE	SEP 2 3 1966	
APPROVED BY CONDITIONS OF	AFFROVAL, IF ANY:	TITLE				

\*See Instructions on Reverse Side

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