Form 9-331	т т	ED STATES	SUBMIT IN TRI	ATE+	Form approv	ved.		
(May 1963)		DEPARTMENT OF THE INTERIOR (Other instruction on re-				Budget Bureau No. 42-R1424.  5. LEASE DESIGNATION AND SERIAL NO.		
		GICAL SURVEY	N.M.A.	20/1 1	NM - 031397	7 <b>-</b> A		
			ON WELLS	6. 11	INDIAN, ALLOTTI	EE OR TRIBE NAME		
SU	SUNDRY NOTICES AND REPORTS ON WELLS  (Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.  Use "APPLICATION FOR PERMIT—" for such proposals.)					1 7 1		
(Do not use the	Use "APPLICATION F	OR PERMIT—" for such	proposals.)			* N= -		
i.			· · · · · · · · · · · · · · · · · · ·	7. U	NIT AGREEMENT N	AME		
WELL WELL	WELL GAS OTHER Dry							
2. NAME OF OPERATOR	1	ARM OR LEASE NA Kas Pacif						
Yates Pet		DLL NO.	TC DF					
3. ADDRESS OF OPERA	th StArtesi	a New Mexic	o 88 <b>21</b> 0	,	1-Y	· · · · · · · · · · · · · · · · · · ·		
		_		10.	FIELD AND POOL,	OR WILDCAT		
See also space 17	4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*  See also space 17 below.)  At surface							
Un	iit H - 1650'	FNL & 630' F	EL of Sec. 14-2	$1-22\frac{11.}{11.}$	SEC., T., R., M., OR SURVEY OR ARE	BLK, AND		
	•	•	•	Sec	14-21-			
					<u> </u>			
14. PERMIT NO.	15, E	LEVATIONS (Show whether I		1	COUNTY OR PARIS	I		
		41	39' GL	Edd	άy	N. Mex.		
16.	Check Appropri	ate Box To Indicate	Nature of Notice, Report	, or Other	Data			
	NOTICE OF INTENTION TO	:	, 8	UBSEQUENT F	EPORT OF:			
TEST WATER SHU	T-OFF PULL OR	ALTER CASING	WATER SHUT-OFF		REPAIRING	WELL		
FRACTURE TREAT	MULTIPL	E COMPLETE	FRACTURE TREATMENT	,	ALTERING	CASING		
SHOOT OR ACIDIZE	B ABANDON	* <u>X</u>	SHOOTING OR ACIDIZIN	10	ABANDONM	ENT*		
REPAIR WELL	CHANGE	PLANS	(Other)	results of ma	iltiple completion	on Well		
(Other)			Completion or F	tecompletion	iltiple completion Report and Log f	orm.)		
17. DESCRIBE PROPOSEI proposed work.	O OR COMPLETED OPERATIONS  If well is directionally di	(Clearly state all pertine rilled, give subsurface loc	ent details, and give pertinent ations and measured and true	dates, inclu- vertical dep	ling estimated di the for all marke	ate of starting any ers and zones perti		
nent to this wor	k.) *			i.e	왕으려고 그			
We plan t	o plug and ab	andon this w	ell by setting	cement	plugs as	s follows:		
-	• •		_	₹. 97				
	7100-7200'	35 sacks						
	6200-6300	35 "		3	병원부활 - 중	Fing F		
	5550-5650	35 "		ģ				
	4250-4350	35 "		· .	토스학을 기민			
	2850-2950	35 "		: :				
	1075-1175	40 "						
			regulation mark	: er wit	h 10 eacl	rs of		
	Dec 20 Bulla	cc prug and	regulacion maix	WIL.	TO Sac	7.5 O.T.		

RECEIVED

cement.

AUG 2 1 196

M. G. C.

,		C GEO.	W. C.
18. I hereby certify that the foregoing is true and correct SIGNED III ChristEcriq	Agent TITLE	U. ARTESIN	8-17-67
(This space for Peneral of State office use)  APPROVED BY  ON PROVED BY	TITLE		DATE
APPAIC 1 3 1961	e Instructions on Reverse Side		

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