		171 ITH 34	H. V. UUFI	Co	rytest
Form 9-331 (May 1963)	UN TO STATI		SUBMIT IN TRIP' TE (Other instructions - re verse side)	Budget Rure	au No. 42 R1424.
GEOLOGICAL SURVEY				NM 17100	
SUND	DRY NOTICES AND REF	ORTS ON	WELLS	6. IF INDIAN, ALLOTTE	E OR TRIBE NAME
(Do not use this fe	orm for proposals to drill or to deep	en or plug back t	o a different reservoir.		
1.	Use "APPLICATION FOR PERMIT	for such proposi	RECE	7. UNIT AGREEMENT N	AME
WELL XX WELL	OTHER		••••		•••••
2. NAME OF OPERATOR			NOV 7	BITAT OR LEASE NA	
	oleum Corporation ,	<pre>/</pre>			'DS"
3. ADDRESS OF OPERATOR	Ash Osmant Internet	- NN( 0	<b>D. C</b>	. C. WELL NO.	
	4th Street- Artesi port location clearly and in accordance	•		DFFICE 1 10. FIELD AND POOL, C	DR WILDCAT
See also space 17 below At surface 330 *	Undesid				
220	11. SEC., T., R., M., OR	11. SEC., T., R., M., OR BLK. AND SURVEY OR ABEA			
				\$ec. 29-20S-	-28E
14. PERMIT NO.	15. ELEVATIONS (Show	v whether DE PT	v oto )	Unit M	1) 13 PTATE
14. PERMIT NO.		233' GR	n, ew. j	Eddy	NM
16.	Check Appropriate Box To I	ndicate Natur			
NC	DTICE OF INTENTION TO :		SUBSEC	QUENT REPORT OF:	
TEST WATER SHUT-OFE			WATER SHUT-OFF		
FRACTUBE TREAT	MULTIPLE COMPLETE	x	FRACTURE TREATMENT SHOOTING OR ACIDIZING	ALTERING C	
SHOOT OR ACIDIZE Bepair WELL	CHANGE PLANS		(Other)		
(Other)			(NOTE : Report result	ts of multiple completion pletion Report and Log fo	on Well
proposed work. If nent to this work.)*	COMPLETED OPERATIONS (Clearly state well is directionally drilled, give sub	surface locations	and measured and true verth	cal depths for all marker	s and zones perti-
	Swabbed an estimat ce of gas and no c		arrels of fres	h water in 6	hours
	is not commercial . Leon Clayton, ra				
				~	
				RECEI NOV-519 ARTESIA, NEWAL SU	
				E	10-
				1 WOV	"ED
				U.S. GEOLOGICAL SU ARTESIA, NEW MEXIC	20
				THESIA GICA	<i>с q</i>
				NEW MEN	PVA
				"AIC	0
	1 /				
18. I hereby certify that t	he foregoing is true and correct			-	
signed Cdd	en halful "	Eng	ineer	DATE	1-5-74
(This space for Federa	al or State office uses				
APPROVED BY		TITLE		DATE	
CONDITIONS OF AP	PROVAL) IF ANY :				
AVEN	74				
NOV 6= 13	*Soo	Instructions on	Reverse Side		
ACTING DISTRICT F			· · · · · · · · · · · · · · · · · · ·		
ACTINUS UN					

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