Form 9-331 (May 1963)

L TED STATES SUBMIT IN TR. (Other Justructic DEPARTMENT OF THE INTERIOR verse side)

CATE on re-

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.
NM 029588

SEOLOGICAL SURVEY	NM 029588	
32323313112 331112	6 DE INDIAN, ALLOTTEE OR TRIBE	NAM

GEOLOGICAL SURVEY	NM 029300
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.)	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
Use "APPLICATION FOR PERMITT— 101 such proposator	7. UNIT AGREEMENT NAME
WELL GAS WELL OTHER RELEASE	
NAME OF OPERATOR	8. FARM OR LEASE NAME Harris "6"
Meadco Properties, Ltd.	9. WELL NO.
P. O. Box 2236, Midland, Texas 79702 APR 17 1978	1
LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)	Golden Lane Field
3147' FNL & 660' FEL Section 6, T-21-S, R-294E RELA, OFFICE	11. SEC., T., R., M., OR BLK. AND HOOKS SURVEY OR AREA
	Sec. 6-21S-29E
PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3469.6 Gr	12. COUNTY OR PARISH 13. STATE Fddy New Mexic
Check Appropriate Box To Indicate Nature of Notice, Report, or	Other Data
NOTICE OF INTENTION TO:	QUENT REPORT OF:
TEST WATER SHUT-OFF PULL OR ALTER CASING WATER SHUT-OFF	REFAIRING WELL
FRACTURE TREAT MULTIPLE COMPLETE FRACTURE TREATMENT	ALTERING CASING
SMOOTING OR ACIDIZING SHOOTING OR ACIDIZING	ABANDONMENT*
REPAIR WELL CHANGE PLANS (Other) (Note: Report result	its of multiple completion on Well
(Other) Pecomplete in Strawn X Completion or Recomp. 7. DESCRIBE PROPOSED OF COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent date and the state of the state	apletion Report and Log form.)
set CIBP approximately 11,300' and perforate and test Strawn 11,226'. We plan to commence this work upon approval.	
18. I hereby certify that the foregoing is true and correct SIGNED Marilyn Russell, Agent	APR 11 1070 ARTESIA, NEW MEXICO DATE 4/10/78
(This space for Federal of State offige use) APPROVED BY CONDITIONS OF APPROVAL, IF ANY:	EER DATE APR 1 4 1978