CONDITIONS OF APPRO	OVAL, IF ANY:			2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
MITROVED DI	igd.) Albert R. Stal	E TITLE ACTIN	NG DISTRICT ENGIN	IEER DATE JUL 0 6 1979
SIGNED	ulder		on Operations Mgr.	6/21/79
IS. I hereby certify that he	foregoing is true and correct			
			JUN 2 5 U.S. GEOLOGIC ARTESIA, NE	1979
nent to this work.) *  SEE ATTACHME				
TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIPIZE REPAIR WELL (Other) 17. DESCRIBE PROPOSED OR CO- proposed work. If we	PULL OR ALTER C.  MULTIPLE COMPLE  ABANDON*  CHANGE PLANS  MPLETED OPERATIONS (Clearly  Il is directionally drilled, giv.	ETE	(Note: Report result Completion or Recomp	REPAIRING WELL  ALTERING CASING  ABANDONMENT*  Inplete in Cisco  S of multiple completion on Well  pletion Report and Log form.)  I, including estimated date of starting any cal depths for all markers and zones perti-
	Check Appropriate Box	To Indicate Nati	ure of Notice, Report, or subsection	Eddy New Mexico Other Data
14. PERMIT NO.		(Show whether DF, RT 4399 GR	, GR, etc.)	Sec. 7, T-21S, R-22E  12. COUNTY OR PARISH 13. STATE
See also space 17 below.) At surface	1980' FEL of Sect		-	10. EIELD AND POOL, OR WINDCAT  Under Grand Cloco  11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Cities Serviors.  3. ADDRESS OF OPERATOR  P.O. Box 1919		79702	O. C. C.	9. WELL NO.
OIL GAS WELL Z  NAME OF OPERATOR	OTHER		JUL 9 1979	7. UNIT AGREEMENT NAME  Little Box Canyon Unit 8. FARM OR LEASE NAME
(Do not use this for U	RY NOTICES AND m for proposals to drill or to se "APPLICATION FOR PER	REPORTS On deepen or plug back	A METTS	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
(May 1963)	DEPARTML OF TOP GEOLOGICAL	THE INTERIO	R (Other Instruction of reverse side)	
Form 9-331	UNITED ST	TATFS	SUBSTITUTE IN TRADE	Form approved.