	- N. M. O	C. C. GOPY	
May 1963)	UNITE STATES MENT OF THE INTERIC	SUBMIT IN TRIPLICAL	Form approved. Budget Bureau No. 42-R1424. 5. LEASE DESIGNATION AND SERIAL NO. NM-16622-A
GEOLOGICAL SURVEY			6. IF INDIAN, ALLOTTEE OR TRIBE NAME
SUNDRY NO (Do not use this form for prof Use "APPLI	Station FOR PERMIT—" for such pro	N WELLS	D
			7. UNIT AGREEMENT NAME
WELL WELL & OTHER		MAY 1 7 1976	8. FARM OR LEASE NAME
2. NAME OF OPERATOR Northern Natural Gas Company		-	McGruder Hill Unit
ADDRESS OF OPERATOR		0. C. C.	9. WELL NO.
401 Wall Towers We	est, Midland, Texas	79 TARTESIA, OFFICE	10. FIELD AND POOL, OR WILDCAT
LOCATION OF WELL (Report location See also space 17 below.)	clearly and in accordance with any S	tate requirements.*	Wildcat
At surface 1980' FNL & 660' FEL of Sec. 13.			11. SEC., T., R., M., OB BLK. AND SURVEY OR AREA
1900 FND -	2 000 111 01 500.	201	
			13, T-22-S, R-25-E 12. COUNTY OR PARISH 13. STATE
4. PERMIT NO.	15. ELEVATIONS (Show whether DF,	RT, GR, etc.)	Eddy N. Mex.
	3799 DF		
6. Check /	Appropriate Box To Indicate N		
NOTICE OF INT	ENTION TO:	SUBSEQ	UENT REPORT OF:
TEST WATER SHUT-OFF	PULL OR ALTER CASING	WATER SHUT-OFF	REPAIRING WELL
FRACTURE TREAT	MULTIPLE COMPLETE	FRACTURE TREATMENT	ALTERING CASING
SHOOT OR ACIDIZE	ABANDON* X	SHOOTING OR ACIDIZING	
(Other)	CHANGE PLANS	(Norr Percet result	s of multiple completion on Well pletion Report and Log form.)
	OPERATIONS (Clearly state all pertinent ctionally drilled, give subsurface locat	A the section of data	s, including estimated date of starting any cal depths for all markers and zones perti-
Plug #1 #2 #1 #9 #9 #0 #1 Will leave 10	g and abandon as fo = 11,140' to 10,9 = 9,575' to 9,4 3 = 8,275' to 8,1 = 6,700' to 6,5 5 = 5,050' to 4,9 5 = 2,615' to 2,5 7 = 20' to sur #/Gal drilling mud sing now in wellbor	40', 200' of clas 25', 150' " " 50', 150' " " 50', 150' " " 15', 100' " " face 20' " " between all plug	11 11 11 11 11 11 11 11 2 .
18. I hereby certify that the foregol	is true and correct	cof Engineering	DATE U/1-1/76-
SIGNED			
(This space for Federal or State	λ.		DATE
APPROVED BY CONDITIONS OF APPROVAL,	IF ANY:		DAID
y portan	*See Instruction	s on Reverse Side	