Form 9-33) (May 1963		DEP	U ARTMI	NITED	STATES THE II		s 100 (	UBMIT ] Other in	IN TRII	PLICAT	re-	I	form app Budget E	ureau No.	42-R1424	
N: M. O. C.	C. CO				AL SUR			erse side)				D. LEASE :	DESIGNAT	TON AND S	ERIAL NO.	•
									·				NM 2	6822 TTEE OR TI	Ing Name	
(D	o not use t	his form for Use "A	PPLICATI	to drill or ON FOR Pi	U KEPC to deepen ERMIT—" f	ORIS ( or plug b or such pr	JN V ack to roposals,		rter	∍i <b>N E</b>	ΞÞ		, ABEO	LIES OR 1	MBE NAME	
OIL WELL	GAS WEL	0.	HER					AUG	18	1978	3	7. UNIT AG				
Yate	es Pet	roleum	Corr	orati	on 🖌	-		-		~		B. FARM OF				
3. ADDRES	S OF OPERA	FOR							81A, 0	FFICE		WELL N	o.	I GJ	Fed.	Co:
	or or which	(meport 100	ation clean	rly and in a	ALLES lecordance v	with any i	State re	88210 quirement	) .s.*			0. FIELD	AND POOL	] ., or wildo	CAT	
At surface 23/0 2130' FSL & 1650' FEL										U	Und. (Box Canyon - Uppe: 11. SEC., T., B., M., OB BLK, AND					
			~ 200	, U I I.							1	nit .	EY OR A	OR BLK. ANI REA	D	Pel
14. PERMIT	NO.			15. ELEVATIO	NS (Show w)	hether DF,	RT. GR. e	tc.)			s	ec. ]	13-21	S-21E	<u> </u>	
						519'						Eddy		ISH 13. S	tate IM	
16.		Chee	k Appr	opriate Bo	ox To Indi	icate No	ature o	f Notice	e, Rep	ort, or	Oth				*11	
		NOTICE OF	INTENTIO		<b></b>							F REPORT	OF:		۰.	
	WATER SHUT UBE TREAT	-055		L OR ALTER TIPLE COMP				ATER SHE		-			REPAIRIN	G WELL		
	OR ACIDIZE			NDON*	J.ETE	-		RACTURE (		i-	_		ALTERING ABANDON:			
REPAIR ( Other			СНА	NGE PLANS	_	_		Other)		R	eco	mplet	ion	on on Well form.)	x	
8-7/	12-78	8150' casin "C" 0 - Unal Cemen Upper Pfs. 0 Pfs. 0 Pfs. 0 Pfs. 9 Pfs. 9	tubi KB w 5% D ble to Penn 6471-0 5454-0 5206-0 5831-5	ng and ith 20 6850' 65, pa 0 pull d log, as fo 6480' 6462' 5211' 5841' 5764'	l packa w/4 ha acker a packa top a llows 9 hola 8 hola 5 hola 10 hol	ers, cemen oles at 67 er, c of ce es 0. es 0. es 0. les 0	abar and 04'. ut t 42" 42" 42" .42" .42"	ndone ceme cubin at Tre Tre Tre	d Mo of nt c g at 5210 eate eate eate eate	d w/ d w/ d w/	w b g. ng 26' Pe: /10 /10 /10	y set Perf w/300 v/300 v/300 r1 v/30 gal 00 gal 00 gal	t ora sac POOR ted ions llons llon	CIBP CIBP Solution Rates CIBP	at " ass	d
18. I hereby	certify the	) the forego	ing is true	and correct	et 1											
SIGNED		nel	<u>a Un</u>	alfre	TITLE	: <u>E</u> :	ngin	eer				DATE	8-10	5-78		
(This sp. APPROV CONDIT:		PROVAL,	M z	ara	TITLE	ACTIN	G DI	STRICT	ENGI	NEER	2	DATE	AU	G 16 1	9 <b>78</b>	
				*	See Instru	ctions o	n Reve	erse Side	:							