Готт 9-331 (Мау 1963)		INTERIOR verse side)	TE. Form approved. 7007. re Budget Burcau No. 42-R1424. 5. LEASE DESIGNATION AND REFIAL NO.
GEOLOGICAL SURVEY			NM-17098
SUNDRY NOTICES AND REPORTS ON WELLS			6. IF INDIAN, ALLOTTEE OR THIRE NAME
(Do not use th	is form for proposals to drill or to deep Use "APPLICATION FOR PERMIT	en or plug back to a different reservoir. ' for such proposals.)	
1.		RECEIVED	7. UNIT AGREEMENT NAME
OIL GAS WELL WELL	OTHER Dry		8. FARM OR LEASE NAME
2. NAME OF OPERATOR	Corporation	DEC 20 1977	Foxie A Federal
3. ADDRESS OF OPERAT	Corporation V		9. WELL NO,
	r 831 Midland, Texas 7	9702 O.C.C.	
4. LOCATION OF WELL See also space 17 h	(Report location clearly and in accordan	ce with any State Comments	10. FIELD AND POOL, OR WILDCAT Wildcat Delaware
At surface	11. SEC., T., R., M., OB BLK. AND		
	1980' FEL & 660'		SUBVEY OF AREA Sec. 18-205-28E
14. PERMIT NO.	15. ELEVATIONS (Sho	w whether DF, RT, GR, etc.)	12. COUNTY OR PARISH 13. STATE
		3316.8' GR	Eddy N. M.
16.	Check Appropriate Box To	Indicate Nature of Notice, Report,	or Other Data
	NOTICE OF INTENTION TO:		BSEQUENT REPORT OF
		WATER SHUT-OFF	REFAIRING WELL
TEST WATER SHU Fracture treat	T-OFF PULL OR ALIAR CASHA	FRACTURE TREATMENT	ALTERING CASING
SHOOT OR ACIDIZE		X SHOOTING OR ACIDIZING	G ABANDONMENT.
REPAIR WELL	CHANGE PLANS	(Other)(NOTE: Report r	esults of multiple completion on Well
(Other)		Completion or Ro	dotor including estimated date of starting any
nent to this work	k.)*		
		d back to 4750' (See Form	요구 옷을 가 물 수 있는 것 같아.
		ng of well given by USGS	to Forrest Blount 12/5/77.
as follows	.:		· · · · · · · · · · · · · · · · · · ·
	25 sx Class C neat ceme	ent plug 4450-4150'	
50 sx Class C neat cement plug 2850-2750' 20 sx surface plug in top of 9 5/8" casing			· · · · · · · · · · · · · · · · · · ·
			· · · · · · · · · · · · · · · · · · ·
	Dry hole marker to be w	velded in place.	에 있는 것이 있는 것이 있는 것이 있는 것이 있다. 이 가지 않는 것이 있는 것이 있는 것이 있는 것이 있는 것이 있는 것이 있다.
			ECT 1911
			RUSSING
			DEU CICAL MENIO
			J.S. TEAN
			RECEIVER SUME
			·····································
18. I hereby certify	that the foregoing is true and correct	TITLE President	DATE 12/6/77
	Federal of State offige use)		
	SINEER DATE DEC 1 9 1977		
APPROVED BY CONDITIONS	APPROVAL, IF ANY:	TITLE ACTING DISTRICT ENC	
			지수 활란 이 환자 한것은

*See Instructions on Reverse Side

د.

· · --

ı