Drawer DD	Form approved.
Form 9-331 Artesia, Rid 88210Ut, iED STATES SUBMIT IN T (May 1963) COLORADITATION (Other instruction)	KI. ALL' Rudget Burgen No 49_B1494
DEPARIMENT OF THE INTERIOR Verse sade	J. LEASE DESIGNATION AND SORIAL NU.
RECEIVED BY GEOLOGICAL SURVEY	
SUNDRY NOTICES AND REPORTS ON WELLS NOV 29°1984se this form for proposals to drill or to deepen or plug back to a different result Use "APPLICATION FOR PERMIT-" for such proposals.)	6. IF INDIAN, ALLOTTEE OR TRIBE NAME ervoir.
	7. UNIT AGREEMENT NAME
Our C. D. GAS Change of Operator	
ARTESIA OF DEFENTOR	8. FARM OR LEASE NAME
Union Texas Petroleum Corporation	Pennzoil?Federal "9"
3. ADDRESS OF OPERATOR	9. WELL NO.
4000 N. Big Spring, Suite 500, Midland, Texas 79705	1
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*	10. FIELD AND POOL, OR WILDCAT
See also space 17 below.) At surface	White City Penn (Morrow
Unit J, 1980' FSL & 1980' FEL of Section	Sec. 9, T-24-S, R-26-E
14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)	12. COUNTY OF PARISH 13. STATE Eddy N.M.
16. Check Appropriate Box To Indicate Nature of Notice,	Report, or Other Data
16. Check Appropriate Box To Indicate Nature of Notice, NOTICE OF INTENTION TO:	Report, or Other Data SUBSEQUENT REPORT OF:
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
NOTICE OF INTENTION TO: TEST WATER SHUT-OFF PULL OF ALTER CASING WATER SHUT-	SUBSEQUENT REPORT OF:
NOTICE OF INTENTION TO: TEST WATER SHUT-OFF PULL OS ALTER CASING WATER SHUT- FRACTURE TREAT MULTIPLE COMPLETE FRACTURE TRI SHOUTING OB	SUBSEQUENT REPORT OF:
NOTICE OF INTENTION TO: TEST WATER SHUT-OFF PULL OR ALTER CASING WATER SHUT- FRACTURE TREAT MULTIPLE COMPLETE FRACTURE TRI SHOOT OR ACIDIZE SHOWN BLANS	SUBSEQUENT REPORT OF: OFF REPAIRING WELL ALTERING CASING ALTERING CASING ABANDONMENT*
NOTICE OF INTENTION TO: TEST WATER SHUT-OFF PULL OS ALTER CASING WATER SHUT- FRACTURE TREAT MULTIPLE COMPLETE FRACTURE TRI SHOOT OR ACIDIZE ABANDON* SHOOTING OR REPAIR WELL CHANGE PLANS (Other)	SUBSEQUENT REPORT OF:

18. I hereby certify that the topegoing is tope and top	Regul. Compl. Coord.	DATE9-20-84
(This space for Federal or State office use) APPROVED BY CONDITIONS OF APPROVAE, 15 ANY: NOV 2 8 1984		DATE
alstard a start	*See Instructions on Reverse Side	