		MUCC COPY	, upp 10 sr	
Form 9–331 (May 1963)	UN!TED STATES		E• Form approved. re- Budget Bureau No. 42-R1424	
··· · · · · · · · · · · · · · · · · ·	DEPARTMEN OF THE I	NTERIOR (Other instructions verse side)	5. LEASE DESIGNATION AND BERIAL NO.	
	GEOLOGICAL SUR	VEY	NM 1524	
			6 IN INDIAN ALLOWER ON PRIME NAME	
SUNI	DRY NOTICES AND REPC	DRTS ON WEELS EIVE	E Ø	
(Do not use this f	orm for proposals to drill or to deepen Use "APPLICATION FOR PERMIT—"	or plug back to a different reservoir. or such proposals.)		
1.			7. UNIT AGREEMENT NAME	
OIL GAS WELL	OTHER	MAY 2 5 1977	•	
2. NAME OF OPERATOR			8. FARM OR LEASE NAME	
Vates Petro	leum Corporation	D. C. C.		
3. ADDRESS OF OPERATOR	ficam corporation	UFFICE	H Bar Y Federal "HP" 9. WELL NO.	
207 South F	ourth Street - Arte	sia. NM 88210	1	
4. LOCATION OF WELL (Re	port location clearly and in accordance	with any State requirements.*	10. FIELD AND POOL, OR WILDCAT	
See also space 17 below At surface	v.)			
660' FSL &	2310' FWL of Sectio	n 5-23S-23E	Undesignated	
			SURVEY OR ABEA	
			Unit N, NMPM	
14. PERMIT NO.	15. ELEVATIONS (Show y	vhether DF, RT, GR, etc.)	Section 5-23S-23E 12. COUNTY OR PARISH 13. STATE	
		4245' GR		
			Eddy NM	
6.	Check Appropriate Box To Inc	licate Nature of Notice, Report, or	Other Data	
N	TICE OF INTENTION TO :	SUBS	EQUENT REPORT OF:	
TEST WATER SHUT-OF		WATER SHUT-OFF	REPAIRING WELL	
FRACTURE TREAT Shoot or acidize	MULTIPLE COMPLETE	FRACTURE THEATMENT	ALTERING CASING	
	ABANDON*	X (Other)	ABANDONMENT*	
REPAIR WELL	CHANGE PLANS		Its of multiple completion on Well	
(Other)			npletion Report and Log form.)	
proposed work. If nent to this work.) *	well is directionally drilled, give subsur	face locations and measured and true veri	es, including estimated date of starting an tical depths for all markers and zones pert	
		RE	RECEIVED	
		MAY 23 1977		
		U.S. (GEOLOGICAL SURVEY	
			ESIA, NEW MEXICO	
	_			
. I hereby certify that the	ne foregoing is true and correct		· · · · · · · · · · · · · · · · · · ·	
SIGNED	time domenue TIT	Geol. Secty	May 23, 1977	
(This space for Federa	l or State office use)			
APPROVED BY	TIT	J.E.	DATE	
CONDITIONS OF APP				
AH	ę			
1) of 1				
国語を言い	*See Inst	ructions on Reverse Side	·	
1 -1 Back				
1 6 L	- nations	•		
ACTING DISTRICT	CMP1 1			

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