Form 9-331 (May 1963)

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				•	7. UNIT AGREEMENT NAME	
MELL GYR	OTHER		JUL 2	3 1974		
. NAME OF OPERATOR				1 1	8. FARM OR LEASE NAME	
	um Corporatio	on 🗸		<u> </u>	Pečeral "Ch'	
. ADDRESS OF OPERATOR			ARTESIA	OFFICE	9. WELL NO.	
207 South 4th	Surect - Ar	tosia, NA	83210		10. FIELD AND POOL, OR WIL	DCAT
See also space 17 below.) At surface	ert location clearly and in	ecordance with an	ij blate regulielitelite.		agle Chaek S.	
	コム! かが、ん 16!	50	f Sec. 29-17S-		11. SEC., T., R., M., OR BLK. A	
2 -)10 1.11 G 10.			1	SURVEY OR AREA	
				<u> </u>	Unit Follow	
4. PERMIT NO.	15. ELEVATI	ons (Show whether	DF, RT, GR, etc.)			STATE
		3605' CR			Edc.y	
8.	Check Appropriate E	Box To Indicate	Nature of Notice, Rep	ort, or Oth	ner Data	
NOT	ICE OF INTENTION TO:		1		ST REPORT OF:	
TEST WATER SHUT-OFF	PULL OR ALTE	R CASING	WATER SHUT-OFF		REPAIRING WELL	
FRACTURE TREAT	MULTIPLE COX		FRACTURE TREATM	ENT	ALTERING CASING	
SHOOT OR ACIDIZE	ABANDON*		SHOOTING OR ACH		ABANDON MENT*	
REPAIR WELL	-CHANGE PLANS	3	(Other) To ex	rtend c	<u>killing timo</u>	_[_]
(Other)			(Note: Rep Completion	ort results of or Recomplet	f multiple completion on W ion Report and Log form.)	ell
7. DESCRIBE PROPOSED OR CO	MPLETED OPERATIONS (Cles	rly state all pertin	ent details, and give pertin	ent dates, in	icluding estimated date of s depths for all markers and	starting a zones per
nent to this work.) *	en is unrectionally armed,	,				
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wo have been	unable to ob	tain a dr	illing rig for	r this	well-will y	ou "
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8. I hereby certify that the	e foregoing is true and co	rrect	Ceologist	r this	The problem of the pr	
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*See Instructions on Reverse Side