NAME OF C. COP! SUBMIT IN "" PLICATE. Form 9-331 "NITED STATES Budget Bureau No. 42-R1424. DEPART: NT OF THE INTERIOR (Other file verse side) (May 1963) instr os on re 5. LEASE DESIGNATION AND SERIAL NO. N M 22996 GEOLOGICAL SURVEY 6. IF INDIAN, ALLOTTEE OR TRIBE NAME SUNDRY NOTICES AND REPORTS ON WELLS (Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.

Use "APPLICATION FOR PERMIT" for such proposals.) RECEIVE 7. UNIT AGREEMENT NAME WELL X OTHER 8. FARM OR LEASE NAME SEP 28 1978 NAME OF OPERATOR Paul Slayton <u> Harris –</u> 9. WELL NO. 3. ADDRESS OF OPERATOR LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*

See also space 17 below.)

At surface NO-1 10. FIELD AND POOL, OR WILDCAT Comanche SA 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 660' FEL & 510' FNL S-15- T11S-26E 12. COUNTY OR PARISH | 13. STATE 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 14. PERMIT NO. 3504' New Mex. Chaves Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data 16. REPAIRING WELL WATER SHUT-OFF TEST WATER SHUT-OFF PULL OR ALTER CASING ALTERING CASING FRACTURE TREATMENT MULTIPLE COMPLETE FRACTURE TREAT ABANDONMENT\* SHOOTING OR ACIDIZING ABANDON\* SHOOT OR ACIDIZE (Other) <u>Clean out & tes</u>t REPAIR WELL CHANGE PLANS (Note: Report results of multiple completion on Completion or Recompletion Report and Log form.) (Other) 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.) • Cleaned out cement plugs to 1286'. (TD 1286') Waiting on service Aug. 30, 1978 unit for completion.

18. I hereby certify that the foregoing is true and correct

SIGNED List Stayfor by New TITLE Operator

(This space for Federal or State office by A)

APPROVED BY LAND TITLE ACTING DISTRICT ENGINEER DATE

CONDITIONS OF APPROVAL, IF ANY: