Form 9-331 U TED STATES SUBMIT IN	
RECEIVED BY DEPARTMENT OF THE INTERIOR CERES	TE. LEASE DESIGNATION AND SERIAL NO.
GEOLOGICAL SURVEY	NM-29610 6. IF INDIAN, ALLOTTEE OR TRIBE NAME
OCT 04 1989UNDEY NOTICES AND REPORTS ON WELLS (Do not use this form for proposals to drill or to deepen or plug back to a efficient of the application for PERMIT—" for such proposals of the second	reservoir.
	7. UNIT AGREEMENT NAME
ARIESIA OFFICE	년
2. NAME OF OPERATOR SANDERS PETROLEUM COPORATION	8. FARM OR LEASE NAME Huggins Draw
3. ADDRESS OF OPPEATOR Albuquerque, T	9. WELL NO.
Ste. 201, Bldg. #2, 7801 Academy Blvd. N.E. 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements	#1 10. FIELD AND POOL, OR WILDCAT
See also space 17 below.) At surface	PECOS SLOPE ABO (GAS
1930' FSL & 1980' FWL	11. SEC., T., B., M., OR BLK. AND SURVEY OR ABEA
	Sec. 29, T5S, R24E
14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)	12. COUNTY OF PARISH 13. STATE
4147 GL	Chaves N.M.
16. Check Appropriate Box To Indicate Nature of Notice	e, Report, or Other Data
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
TEST WATER SHUT-OFF PULL OR ALTER CASING WATER SHU FRACTURE TREAT MULTIPLE COMPLETE FRACTURE	
	ACIDIZING ABANDON MENT [®]
REPAIR WELL CHANGE PLANS (Other)	Dig Water Pit X
	: Report results of multiple completion on Well letion or Recompletion Report and Log form.)
 DESCRIBE FROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give proposed work. If well is directionally drilled, give subsurface locations and measured nent to this work.)[●] 	pertinent dates, including estimated date of starting any and true vertical depths for all markers and zones perti-
Estimated average accumulation is about 1/2 t Originally submitted 7/17/84, being re-submit with BLM Peter Chester and OCD Larry Brooks 1 BPD disposal per 40-acre proration unit, in	ted after discussions . State allows up to
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18. I hereby certify that the foregoing is true and correct	
SIGNED UMMINTE President	DATE Sept. 7, 1984
(This space for Federal or State office used	
APPROVED BY APPROVED	DATE
CONDITIONS OF APPROVAL, IF ANY. CHESTER (Orig. Sgd.) PETER W. CHESTER	
OCT 2 1984	
*See Instructions on Reverse Sic	le .