Form 9-331 (May 1963)	UNTED STATI	es ny off Interiols wei	BMIT IN TRIPLICATES ther Historical ABSA pende	Form approved. Budget Bureau No. 42-R1424 LEASE DESIGNATION AND SERIAL NO.
	GEOLOGICAL SU	RVEY Artes	a NM 88270	NM-17576
(Do not us	SUNDRY NOTICES AND REF e this form for proposals to drill or to deep Use "APPLICATION FOR PERMIT—	PORTS ON Wen or plug back to a for such proposals.)	ELLS different reservoir.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
i.	AS OTHER	,		7. UNIT AGREEMENT NAME
2. NAME OF OPERA			RECEIVEL	8. FARM OR LEASE NAME
	PETROLEUM CORPORATION	<u> </u>		ISLER FEDERAL 9. WELL NO.
	Fl ^{*,rox} Bldg. #2 demy Blvd. N.E., Albud	n.m. 87	109 APR 25 '86	#3
4. LOCATION OF W See also space	ELL (Report location clearly and in accordan	ce with any State req	uirements.	10. FIES 44 PM STAPENC
At surface	050' FNL & 1960' FEL		O. C. D.	Wildcat (San Andres
	Sec. 6, T7S, R27E		ARTESIA, OFFICE	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
14. PERMIT NO.	15. ELEVATIONS (Sho	w whether DF, RT, GR, e	ic,)	Sec. 6, T7S, R27E
14, FERMIT NO.				Chaves N.M.
16.	Check Appropriate Box To	Indicate Nature o	f Notice, Report, or	Other Data
	NOTICE OF INTENTION TO:		SUBSEC	QUENT REPORT OF:
TEST WATER	SHUT-OFF PULL OR ALTER CASING	•	ATER SHUT-OFF	REPAIRING WELL
FRACTURE TRE			RACTURE TREATMENT HOOTING OR ACIDIZING	ALTERING CASING ABANDONMENT*
SHOOT OR ACI REPAIR WELL	DIZE ABANDON* CHANGE PLANS		Other)	
(Other)	Temporarily Abandon	- '	(Norm: Report result	s of multiple completion on Well pletion Report and Log form.)
17. DESCRIBE PROPORTION OF THE	OSED OR COMPLETED OPERATIONS (Clearly state ork. If well is directionally drilled, give sulwork.)*	all pertinent details surface locations and	and give pertinent date measured and true verti	s, including estimated date of starting an cal depths for all markers and sones pert
Tempora	arily Abandon.			
8-5/8"	24E Casing set at 114	3' w/ 500 s	sx., cem. cir	c. to surface.
	10.5# casing set at 2 ature Survey.	226' w/ 300) sx. Top cem	a. 1320' by
2-3/8"	4.7# tubing set at 17	15'.		
Both to	ubing and casing is se	cured by 20	000# test val	ves at surface.
0 O NE				
2				
13				
18. I hereby certi	by that the foregoing is true and correct			
SIGNED	with the forder	TITLE Pres	ident	April 18, 1
(This space for	or Federal or State office use)			AND CIVED
APPROVED I	·	TITLE		PETER W. CHESTER
CONDITIONS	OF APPROVAL, IF ANY:	FOR MON	TH PERIOD	'
	ENDING _	APR 2 1 19	<u> </u>	APR 21 1988
	*See	Instructions on Re	everse Side	BUREAU OF LAND MANAGEMENT ROSWELL RESOURCE AREA
				ROSWELL RESC