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UN LO STATES SUBMIT IN TRIPL TE* DEPARTMENT OF THE INTERIOR verse side) GEOLOGICAL SURVEY		Form approved. Budget Bureau No. 42-R1424. 5. LEASE DESIGNATION AND SERIAL NO. NM 10866		
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.)		6. IF INDIAN, ALLOTTEE OR TRIBE NAME		
OIL GAS Dry Hole WELL OTHER		7. UNIT AGREEMENT NAME		
2. NAME OF OPERATOR E. J. Dunigan, Jr.		8. FARM OR LEASE NAME Federal Alpha		
3. ADDRESS OF OPERATOR P. O. Box 261, Pampa, Texas 79065		9. WELL NO.	7*	
 LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 		10. FIELD AND POOL, OR WILDCAT Wildcat		
1980 FSL & 990 FEL of Section 31		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 31-25S-19E		
14. PERMIT NO. None Date February 18, 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3804KB			13. STATE New Mexico	
16. Check Appropriate Box To India	cate Nature of Notice, Report, or O			
FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL PULL OR ALTER CASING MULTIPLE COMPLETE ABANDON* CHANGE PLANS	WATER SHUT-OFF FRACTURE TREATMENT SHOOTING OR ACIDIZING (Other)	REPAIRING WES	NG TO THE RESERVE TO	
(Other)	(Note: Report results of Completion or Recomple	of multiple completion on tion Report and Log form.	1	
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all p proposed work. If well is directionally drilled, give subsurfanent to this work.)* 4-11-70 Hole Full of 9 Mud 1st plug at 4750-4850 30 sx 2nd plug at 3200-3300 30 sx 3rd plug at 1540-1660 40 sx	98	depths for all markers at	f starting any and zones perti-	
Leveled location turned over to Ray Le capped with steel plates	ewis for use as water well-	- depth 1540*		
	•	RECEIV	/ED	
	two.	JUN 3 19	76	
	RECEIVED	C. C. C. ARTESIA, OFFIC		
	MAR 2 2 1971	W. C.	16 Demoner	
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8. I hereby certify that the foregoing is true and correct SIGNED ROLLT T. Dunigan TITLE	Agent	DATE March	18, 1971	
(This space for Federal or State office use)				
APPROVED BY TITLE CONDITIONS OF APPROVAL, IF ANY:		DATE		
*See Instru	ctions on Reverse Side			