Form 9-331 (May 1963)	UN( ) STATES DEPARTMEN, OF THE INTE	SUBMIT IN TRIPLIF (Other Instructions expresside)	Form approved. Budget Bureau No. 42-R1424 5. LEASE DESIGNATION AND SERIAL NO.
GEOLOGICAL SURVEY			NM-0450847
	NDRY NOTICES AND REPORTS  Is form for proposals to drill or to deepen or plu Use "APPLICATION FOR PERMIT—" for such		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
1.  OIL GAS WELL WELL  2. NAME OF OPERATOR	OTHER SALT WATER DI	sposan Wecc	7. UNIT AGREEMENT NAME
Andress of operator			8. FARM OR LEASE NAME BOUGH SALT WATER DISPOSAL SYSTEM
BOX 68, HOBBS,			9. WELL NO.
4. LOCATION OF WELL ( See also space 17 be At surface	10. FIELD AND POOL, OR WILDCAT		
1980 FSL x 1980 FEL Sec. 13 (Unit J, NW/4 SE/4)			11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
14. PERMIT NO.	15. ELEVATIONS (Show whether		13-9-35 NMPM
11. 12	A120 E	P R R	12. COUNTY OR PARISH 13. STATE
16.	Check Appropriate Box To Indicate	Nature of Notice Report or C	
	NOTICE OF INTENTION TO:		UNIT REPORT OF:
TEST WATER SHUT-	OFF PULL OR ALTER CASING	WATER SHUT-OFF	REPAIRING WELL
FRACTURE TREAT	MULTIPLE COMPLETE	FRACTURE TREATMENT	ALTERING CASING
SHOOT OR ACIDIZE	ABANDON*	SHOOTING OR ACIDIZING	ABANDONMENT*
REPAIR WELL (Other)	CHANGE PLANS	(Other) (Note: Report results	of multiple completion on Well
17. DESCRIBE PROPOSED of proposed work. I nent to this work.	OR COMPLETED OPERATIONS (Clearly state all pertin well is directionally drilled, give subsurface lo	out details and des mouth and John	etion Report and Log form.) including estimated date of starting an il depths for all markers and sones perti
nent to this Hork.	<i>7</i>		
and well	wells and leases farmer are now abandon	ed as are de	pao una D
sall was	ter into other sys	loms, this will	( is of hos
<i>p.</i>			
Propose	to P+A as follow.	<b>5</b> :	
Spet	30 at lement plug @	top of perfo (5.	27/-)
Spot	30 st lement plug @ 100' pluge grom 420	00-4100 (T-Lines	C4155)
Spat	100' " 230	0'- 2200' CT SAKT	est 2250)
Spar	10 st " C surjace	E erect PEAN	rarker
all ind	ervals to be filled my	mud laxen fl	ud.
Unal Illa	mup shallbe made	and ground r	estered to

18. I hereby certify that the foregoing is true and correct TITLE AREA SUPERINTENDENT SIGNED-\_ DATE \_ DEC-1 (This space for Federal or State office use) APPROVED BY TITLE CONDITIONS OF APPROVAL, IF ANY: 0+4 - USGS- H 1- DIV 1- SUSD 1- RIZY

\*See Instructions on Reverse Side