## UNITED STATES

SUBMIT IN TRIPLICATE.

Form approved. Budget Bureau No. 42-R1424.

011115-0	• • • • • • •		(Other	le atmostlana		1 1	Buaget Bi
MERIT	C THE	INTERIOR	(Other	11 Structions	, (6-	5. LEASE	*******************************
MENT	rinc	INIERIOR	verse si	ae i		U. LEASE	DESIGNATI

(May 1903)	DEPAR	TMENT F THE INTER	RIOR verse side	5. LEASE DESIGN.	ATION AND SERIAL NO.		
		GEOLOGICAL SURVEY		NM 03963			
SUN	NDRY NO	OTICES AND REPORTS	ON WELLS	.6. IF INDIAN, ALI	OTTES OR TRIBE NAME		
(Do not use thi	s form for pro Use "APPL	posals to drill or to deepen or plug ICATION FOR PERMIT-Apportment	pack to a state reservoir.				
1.		——————————————————————————————————————	11 31 181 40	7. UNIT AGREEME	NT NAME		
WELL GAS WELL	OTHER	1					
2. NAME OF OPERATOR	, 0	. •		8. FARM OR LEAS U. S.Sch			
Delaware-Ap		9. WELL NO.	· }				
1720 Wilco E	Building	, Midland, Texas 797	701	1			
4. LOCATION OF WELL ( See also space 17 be	10. FIELD AND PO	10. FIELD AND POOL, OR WILDCAT					
At surface 19	80° FNL	& 1980' FWL OF Sec.	1, T⊶9S, R⊷35E	Midlle A	Allison-Penn.		
					.9S, R⊷35E		
14. PERMIT NO.		15. ELEVATIONS (Show whether I	OF, RT, GR, etc.)	_	ARISH 18. STATE		
	· · · · · · · · · · · · · · · · · · ·	Gr. 4127		Lea	N. Mex		
16.	Check	Appropriate Box To Indicate	Nature of Notice, Report, o	or Other Data	• •		
	NOTICE OF IN	TENTION TO:	SUB	SEQUENT REPORT OF:	QUENT REPORT OF:		
TEST WATER SHUT-	OFF	PULL OR ALTER CASING	WATER SHUT-OFF	<b>^</b> -	RING WELL		
FRACTURE TREAT SHOOT OR ACIDIZE		MULTIPLE COMPLETE	FRACTURE TREATMENT SHOOTING OR ACIDIZING		ONMENT*		
REPAIR WELL		CHANGE PLANS	(Other)				
(Other)			(NCTE: Report res Completion or Rec	sults of multiple complompletion Report and I	etion on Well log form.)		
17. DESCRIBE PROPOSED of proposed work. I nent to this work.	if well is dire	OPERATIONS (Clearly state all pertine ectionally drilled, give subsurface loc	ent details, and give pertinent deations and measured and true ve	ates, including estimate ertical depths for all m	ed date of starting any arkers and zones perti-		
		casing 17#, N-80. T					
		wash and cemented washives. Plug dow					
		up. Prp to pick up t					
				,			
				•			
•				e <sup>rri</sup> s in	: '		
					Ş.		
				΄;			
18. I hereby certify the	t the foregoin	g is true and correct					
signed	mnie-	Mushand TITLEPro	duction Clerk	DATE	4-10-69		
(This space for Fed	eral or State	office use)					

\*See Instructions on Reverse Side 4PR 12 1968

APPROVED BY \_\_\_\_\_\_\_ CONDITIONS OF APPROVAL, IF ANY: