orm 9-331				Form approved. Budget Bureau No. 42-R1424.
May 1963)	DFPART	MEN ' OF THE INTER	(Other instructions re-	5. LEASE DESIGNATION AND SERIAL NO.
		GEOLOGICAL SURVEY		Milnesand Unit LC060978
				6. IF INDIAN, ALLOTTEE OR TRIBE NAME
(Do not no	SUNDRY NO	TICES AND REPORTS	back to a different reservoir.	
(Do net us	Use "APPLI	oosals to drill or to deepen or plug GATION FOR PERMIT-" for such	proposals.)	
				7. UNIT AGREEMENT NAME
WELL M	VELL OTHER	Milnesand Unit		
NAME OF OPERA				6. BARA ON LUNDI MUSIC
UNIO:	N TEXAS PETRO	9. WELL NO.		
		310		
LOCATION OF W	ELL (Report location	ing, Midland, Texas 7 1 clearly and in accordance with an	y State requirements.*	10. FIELD AND FOOL, OR WILDCAT
See also space At surface	17 below.)		Milnesand (San Andres)	
				11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Unit	Letter "F",	1980' FNL & 1909' FV	VI.	Sec. 19, T-8-S, R-35-E
14. PERMIT NC.		15. ELEVATIONS (Show whether )	DF, RT, GR, etc.)	12. COUNTY OF PARISH 13. STATE
<b>R-37</b>	70			Roosevelt New Mexic
.6.	Check /	Appropriate Box To Indicate	Nature of Notice, Report, or	Other Data
	NOTICE OF INT	•••		QUENT REPORT OF:
	NOTICE OF INT	[]		· 
TEST WATER	SHUT-OFF	PULL OR ALTER CASING	WATER SHUT-OFF	ALTERING CASING
FRACTURE TRE	SAT	MULTIPLE COMPLETE	FRACTURE TREATMENT	ABANDONMENT*
SHOOT OF. ACI	DIZE	ABANDON*	SHOOTING OR ACIDIZING	O_INJECTION_WELLX
REPAIR WELL	L]	CHANGE PLANS	(Nome : Poport result	ts of multiple completion on Well pletion Report and Log form.)
(Other)	OSED OF COMPLETED (	OPERATIONS (Clearly state all pertin	ent details, and give pertinent date	s, including estimated date of starting an ical depths for all markers and zones perti
proposed we nent to this	ork. If well is dire	ctionally drilled, give subsurface lo	cations and measured and true verti	cal depths for all markers and zones perti-
include the time	,			
1.		<b>e</b> , <b>i</b>	d plastic coat interna	
			ction Packer set @ 450	
2.	Treated inje		. Para-clean and 1440	Gal. Oil sweep.
2. 3.				
2. 3.		) Bbls. water.		
2. 3.		) Bbls. water. For injection 9/9/71.		
2. 3.				

SIGNED annany	TITLE Operatio	ns Supt. Western Areg <sub>ATE</sub> September 14, 1971
(This space for Federal or State office use)		
APPROVED BY CONDITIONS OF APPROVAL, IF ANY:		DATE
		SEP 2 2 1971
	*See Instructions on Re	Verse Side, S. CHOLOGICAL DUAVEY A HOSPS, NEW DEDUCO