Form 9-331 (May 1963)

UNITE STATES SUBMIT IN TRIPLICA (Other Instructions on verse side)

Form approved. Budget Bureau No. 42 R1424. 5. LEASE DESIGNATION AND SERIAL NO.

GEOLOGICAL SURVEY

NM-0145685

(Do not use this form for proposals to drill or to deepen or plug back to Use "APPLICATION FOR PERMIT—" for such proposal of Use "APPLICATION FOR PERMIT—" for such proposal of the Use "APPLICATION FOR PERMIT—" for such proposal of the Use "APPLICATION FOR PERMIT—" for such proposal of the Use "APPLICATION FOR PERMIT—" for such proposal of the Use "APPLICATION OF WELL (Report location clearly and in accordance with any State See also space 17 below.) At surface 1650 FNL × 1650 FWL Sec. 30(UNIT F, 14. PERMIT NO. 16. Check Appropriate Box To Indicate Nature Notice of Intention to: TEST WATER SHUT-OFF PULL OR ALTER CASING MULTIPLE COMPLETE ABANDON* REPAIR WELL CHANGE PLANS (Other) 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent deta proposed work.) If well is directionally drilled, give subsurface locations of the Use of State of Stat	TO THE AGREEMENT NAME 8. FARM OR LEASE NAME HORTON FEDERAL 9. WELL NO. 10. FIELD AND POOL, OR WILDCAT MINNESAND SANA 11. SEC., T., R., M., OR BLE. AND SURVEY OR ABEA 30-8-35 NM 12. COUNTY OR PARISH NO. NO. WATER SHUT-OFF FRACTURE TREATMENT SHOOTING OR ACIDIZING (Other) (NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) etails, and give pertinent dates, including estimated date of starting and give pertinent dates, including estimated date of starting and measured and true vertical depths for all markers and zones.
OTHER WELL WELL OTHER 2. NAME OF OPERATOR ATTOCO Production Company 3. ABBRESS OF OPERATOR BOX 68, HOBBS, N. M. 88240 4. LOCATION OF WELL (Report location clearly and in accordance with any State Size also space 17 below.) At surface 1650' FNL × 1650' FWL Sec. 30(UNIT F, 14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GI 4230 RDB 16. Check Appropriate Box To Indicate Nature NOTICE OF INTENTION TO: TEST WATER SHUT-OFF PULL OR ALTER CASING MULTIPLE COMPLETE SHOOT OR ACIDIZE ABANDON* CHANGE PLANS 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent deterproposed work. If well is directionally drilled, give subsurface locations and to this work.)* CLANUAL AUL SAMA SAMA SAMA SAMA SAMA SAMA SAMA SAM	te requirements.* 10. FIELD AND FOOL, OR WILDCAT MILNESAND SAN A 11. SEC., T., R., M., OR BLE. AND SURVEY OR ABEA 12. COUNTY OR PARISH ROOSEVELT WATER SHUT-OFF FRACTURE TEBATMENT SHOOTING OR ACIDIZING (Other) (NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) etails, and give pertinent dates, including estimated date of startis and measured and true vertical depths for all markers and zones
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Pries - Pomp O BOX O BULL 2	24 hsp.
Prior - Pmp 0 BOX 0 BW 2.	24 kms.
	(1) * - *** (1) 1
TO- 4690'.	oc - 1-19-73
PBD-4681	
	Ump- 2-23-73
1½" C5A 4690	
PERFS: 4657-71 W2JSPF.	
18. I hereby certify that the foregoing is true and correct	
SIGNED TITLE AREA SU	0.00.0
SIGNED TITLE	SUPERINTENDENT DATE 2-23-7
(This space for Federal or State office use)	SUPERINTENDENT DATE 2-23-7
SIGNED	SUPERINTENDENT DATE 2-23-7
(This space for Federal or State office use)	SUPERINTENDENT DATE 2-23-7 ACCEPTED FOR RECORD

*See Instructions on Reverse SideU. S. GEULUGIUML DURVEY

HOBBS, NEW MEXICO

DANSER BAY STITIONA

影響 电压制制

CONSIN MAN ASSESSED