				( CIP	Y TU C.		-
Form 9-331 (May 1963)	UN ST ST DEPARTMEN, OF T		SUBMIT IN TRIPJ (Other Instruction) verse side)	TE*	Form ap	Bureau No. 42–1	
	GEOLOGICAL		· · · · · · · · · · · · · ·		NM 0467		
SUNI	DRY NOTICES AND	LICE ALALAL	WELLS		3. IF INDIAN, ALL	TTEL OR TRIBE	NAME
(Do not use this i	form for proposals to drill or to Use "APPLICATION FOR PERI	deepen of pur thick t	to a different reservoir.			· ·	
1. 01L J. GAS [			· · · · · · · · · · · · · · · · · · ·		. UNIT AGREEMEN	T NAME	
WELL XX WELL J OTHER 2. NAME OF OPERATOR					8. FARM OR LEASE NAME		
Southwestern Natural Gas, Inc.					Federal 30		
3. ADDRESS OF OPERATOR					. WELL NO.		
900 Bank of the Southwest, Midland, Texas 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*					2		
4. 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 Chaveroo		
1980' FNL & 660' FWL					11. SEC., T., B., M., OB BLK. AND SURVEY OR ABJA		
•			•			. 7	
14. PERMIT NO.	15. ELEVATIONS	(Show whether DF. RT. (	ir. etc.)		Sec. 30,	T-7-5,	R-33-
4429 GR					oosevelt	New M	. –
16.	Check Appropriate Box		a of Notice Parat				
	OTICE OF INTENTION TO :				T REPORT OF :	i i i	
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TEST WATER SHUT-OF Fracture treat	PULL OR ALTER C. MULTIPLE COMPLE		WATER SHUT-OFF Fracture treatment		1. A A A A A A A A A A A A A A A A A A A	ING WELL	-
SHOOT OR ACIDIZE	ABANDON*		SHOOTING OR ACIDIZIN	·		NMENT*	_
REPAIR WELL	CHANGE PLANS		(Other) Casing			Han on Wall	
(Other)	COMPLETED OPERATIONS (Clearly		Completion or R	ecompleti	multiple comple on Report and Lo	g form.)	·
nent to this work.) *	well is directionally drilled, giv		ang mensured and true		teptus tor un ma	C	peru-
Dan 126 ita of	E 4-1/2" 10.5# c	acing set A	4400' rotary	, + ah	ໄດ້ຫລວຍມ	rements	
	with 150 sks Inc						
	with 1000 psi f						
Rig released.	· · · ·			11. 11.			
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18. I hereby certify that	the foregoing is the and correct	_	ice Manager		DATB J	une 24,	1968
(This space for Feder	al or State office use)		AI	PPR	OVED		
· · · · ·							
APPROVED BY CONDITIONS OF AP	PROVAL, IF ANY:	TITLE		UN 21	5 1968		
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		_	J		RDON		
	÷	See Instructions on	Reverse Side ACTIN	<b>G</b> DISTRI	CT ENGINEER		

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