N. M. O. C.	C. COPY	
UNICO STATES SUBMIT IN TRIPLIC Se DEPARTMEN OF THE INTERIOR (Other Instructions se GEOLOGICAL SURVEY		Form approved.
		Budget Bureau No. 42-R1424. 5. LEASE DESIGNATION AND SERIAL NO.
		NM - DIJS D
SUNDRY NOTICES AND REPORTS ON WELLS		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use "APPLICATION FOR PERMIT—" for such proposals.)		Gore (Core (
1.	oposais.)	7. UNIT AGREEMENT NAME
OIL GAS OTHER SWD		TO SALES AND SAL
2. NAME OF OPERATOR		8. FARM OR LEASE NAME
Jennes de Company		USA Reno
8. ADDRESS OF OPERATOR		9. WELL NO. 4 In The Control of the
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*		10. FIELD AND POOL, OR WILDCAT
See also space 17 below.) At surface		Caprale - Onein
		11. SEC., T., B., M., OR BLK. AND SURVEY OR AREA
300' FWL, 2310' FSL.		
14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)		12. COUNTY OR PARISH 13. STATE
4417 GR	, 4, 4,	Chaves New Weeks
16. Check Appropriate Box To Indicate N		
NOTICE OF INTENTION TO:		NT REPORT OF:
	,	지원회 최 화 합
TEST WATER SHUT-OFF PULL OR ALTER CASING MULTIPLE COMPLETE	WATER SHUT-OFF FRACTURE TREATMENT	ALTERING CASING
SHOOT OR ACIDIZE ABANDON*	SHOOTING OR ACIDIZING	GABANDONMENT*
REPAIR WELL CHANGE PLANS	(Other)	
(Other) To convert to SWD	Completion or Recomplet	f multiple completion on Well tion Report and Log form.)
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent proposed work. If well is directionally drilled, give subsurface locatinent to this work.)	details, and give pertinent dates, i ons and measured and true vertical	ncluding estimated date of starting any depths for all markers and zones perti-
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July 12-1971	۸.	
Propose to convert lens#1 to S	WD as follows -	fire accases and the accases applied to a posterior a
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18. I hereby certify that the foregoing is true and correct	0 1	ଅପ୍ୟବ୍ତ ଓଡ଼ ପ୍ରାପ୍ୟ ଅପ୍ୟାପ
SIGNED Noris L. Cansson TITLE C	lerk	DATE Joly 12-1971
(This space for Federal or State office use)		The state of the s
APPROVED BYTITLE		DATE DATE
CONDITIONS OF APPROVAL, IF ANY:		mean foot inva

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OIL CONSELVATION COMM. HOBBS, N. M.

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