· WOCC COPY

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|--|---|---|---|---|
| Form 9-331 (May 1963) | U ED STA | | truction on re- | Form approved, Budget Bureau No. 42-R1424. LEASE DESIGNATION AND SERIAL NO. |
| | GEOLOGICAL | SURVEY | | NM-0356627 |
| SUN (Do not use this | DRY NOTICES AND Form for proposals to drill or to or Use "APPLICATION FOR FERMI | REPORTS ON WELLS leepen of place tack to a different T-" for such proposals.) | | IF INDIAN, ALLOTTER OR TRIBE NAME |
| 1. OIL X GAS OTHER FACE 1 1977 | | | | UNIT ACREEMENT NAME |
| 2. NAME OF OPERATOR | - | | 8. | FARM OR USASE NAME |
| | uction Company | D. C. C. | | acker-Federal |
| 3. ADDRESS OF OPERATOR | ANIESIA, OFFICE | | | |
| Suite 200, 619 W. Texas, Midland, Texas 79701 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface | | | | FIELD AND POOL, OR WILDCAT |
| Unit letter H, 1980' FNL, 660' FEL | | | | ato San Andres SEC, T. L. M., OR BLE. AND SUBERT OR AREA ec 33, T8S, R30E |
| 14. PERMIT NO. | 15. ELEVATIONS (| Show whether DF, RT, GR, etc.) | | COUNTY OR PARISH 13. STATE |
| | 4158 | G' GR | | haves NM |
| 16. | | | | |
| 10. | Check Appropriate Box | To Indicate Nature of Notice | e, Report, or Othe | r Da la |
| | NOTICE OF INTENTION TO: | | SUBSEQUENT | REPORT SE |
| TEST WATER SHUT-0 | FF PULL OR ALTER CAS | ING WATER SHI | UT-OFF | EUPAIRING WELL |
| FRACTURE TREAT | MULTIPLE COMPLET | E FRACTURE | TREATMENT | AKTERING CASING |
| SHOOT OR ACIDIZE | ABANDON* | SHOOTING | OR ACIDIZING | ARAMBON MENT* |
| REPAIR WELL (Other) | CHANGE PLANS | (Other) | | Shut in X and X and X and X and X and X and X |
| proposed work. If nent to this work.) | well is directionally drilled, give | subsurface locations and measured | e pertinent dates, incl d and true vertical de | uding estimated date of starting any oths for all markers and zones perti- |
| 2/15/ 77 S | I Waiting on | pumping unit. | | |
| | | | | |
| | | | | |
| | | | | |
| | | | R | ECEIVED |
| | | | | APR 19 1977 |
| | | | U. S. (Arte | GEOLOGICAL SURVEY SIA, NEW MEXICO |
| | | | | |
| 18. I hereby certify that | the foregoing is true and correct | TITLE Production | Supervisor | DATE 4/15/77 |
| APPROVED BY | PPROVAL, IF ANY: | TITLE ACTING DISTRIC | CT ENGINEER | DATE APR 2 0 1977 |
| ν | | | | |

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AFF. 2: 1677.