## N. M. O. C. C. COPY UNITED STATES SUBMIT IN TRIPLICATES FPARTMENT (THE INTERIOR verse side)

ATF. 5. LEASE

Form approved.
Budget Bureau No. 42-R1424.

(This space for Federal or State of APPROVED BY CONDITIONS OF APPROVED FOR RECORD ACCEPTED FOR RECORD AND DISTRICT.	ANY: Engineer		tomers of the form
APPROVED RY	ffice use)		DATE
(This space for Federal or State o			
SIGNED ASTOLAN	TITLE	Sup't.	
18. I hereby certify that the foregoing	is true and correct		2
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			the world for medical forms will fair with the form the f
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followed by 75 s	x. Class C 2% CACL <sub>2</sub> OC 18 hrs. Tested 8	.   Plug down 3:30 3 5/8 to 400 psi	a.m., 6-26-70 5 6 Circ. which do not be a constant of the circ of
Drilled 11" hole Cemented 8 5/8 -	8rd - 20# - used ca	asing at 354' wit	h 75 sx. TLW 105% water
	at 3:30 p.m., 6-25	-70.	Hamble Transfer of the page of
nent to this work.) *			37 Personal and Pe
17. DESCRIBE PROPOSED OR COMPLETED OF proposed work. If well is direct	PERATIONS (Clearly state all pertinionally drilled, give subsurface le		ent dates, including estimated date of starting a rue vertical depths for all markers and zones per
BEPAIR WELL (Other)	CHANGE PLANS	(Note: Repo	nting 8 5/8 casing.  ort results of multiple completion on Well or Recompletion Report and Log form.)
FRACTURE TREAT SHOOT OR ACIDIZE	MULTIPLE COMPLETE  ABANDON*	SHOOTING OR ACID	IZING ABANDONMENT*
TEST WATER SHUT-OFF	PULL OR ALTER CASING	WATER SHUT-OFF FRACTURE TREATM	REPAIRING WELL  ALTERING CASING
NOTICE OF INTE			SUBSEQUENT REPORT OF:
	ppropriate Box To Indicate	Nature of Notice, Rep	9 2 2 3 4 4 4 5 7 4
14. PERMIT NO.	15. ELEVATIONS (Show whether		12. COUNTY OF PARISH 13. STATE  Chaves N.M.
660' FNL and 660	' FEL		Sec. 9, T14S, R30E
At surrace			11. SEC., T., E., M., OR BLK. AND SURVEY OR AREA
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	
3. ADDRESS OF OPERATOR 418 Building of the So	418 Building of the Southwest, Midland, Texas 79701		
OIL GAS WELL OTHER Wildcat  2. NAME OF OPERATOR  McGrath & Smith, Inc.			Holbeck Federal
			8. FARM OR LEASE NAME
Use "APPLIC	ATION FOR PERMIT— for such	proposais.)	7. UNIT AGREEMENT NAME
SUNDRY NOT	IICES AND REPORTS usals to drill or to deepen or plugaTION FOR PERMIT—" for such	ON WELLS back to a different reservo	in. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	GEOLOGICAL SURVEY		NM-0109856-A  6. IF INDIAN, ALLOTTEE OR TRIBE NAME
DEPART	MENT ( THE INTER	RIOR verse side)	5. LEASE DESIGNATION AND SERIAL NO.