Form 9-331 (May 1963)	UNTED STATES SUBMIT IN TRIPY ATE (Other Instruction re-					В В	Form approved. Budget Bureau No. 42-R1424. 5. LEASE DESIGNATION AND SERIAL NO. NM 034546-B		
		GEOLOGICAL SURVEY							
							6. IF INDIAN, ALLOTTEE OR TRIBE NAME		
SUNDRY NOTICES AND REPORTS ON WELLS (Do not use this time tof proposals to the proposals.)									
(Do not use o	The "APPLIE	ATOM HOR HORMIT—"	for such proposi	nis.)		_	<u> </u>		
1. ,							7. UNIT AGREEMENT NAME		
OIL K GAS OTHER							· ·		
2. NAME OF OPERATOR							R LEASE NAME		
Southwestern Natural Gas, Inc. 3. Address of Operator 900 Bank of the Southwest Midland, Texas							al "24"		
							0.		
							1		
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							Chaveroo		
						11. SEC., 1	VEY OR AREA	ND	
1980' FNL and 1980' FEL								•	
1900 THE and 1900 122						Sec. 2	24, T-7-S,	R-32-E	
14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)						12. COUNT	Y OR PARISH 13.	STATE	
4448 GR						Roose	evelt Ne	w Mexico	
proposed work nent to this wo	Perforated 4162, 68, Fraced w/4	PULL OR ALTER CASING MULTIPLE COMPLETE ABANDON* CHANGE PLANS PERATIONS (Clearly state tionally drilled, give substituted) 1 shot per fo 4219, 25, 35, 40,000 gals refund tubing at on pump to p	ot as fol: 59, 68, 7	(Other) (Norm Complete Is, and give and measured 1,000)	E: Report resultetion or Recompertment date and true vertical and	pieton kepor s. Including including to a figure of the control including to a figure of the control including to a figure of the control of the control of the control	All melbols to large 5	starting any	
			4 Î			is to approvat of the abandonment, well and approval to the abanda for the control of the abanda for the abanda for the control of the contro	nebrat of Elsactory patrification of the obligation of the collection of the obligation of the obligation of the collection of the collect		

Sile Control 18. I hereby certify 7-29-68 Office Manager APPROVED

TITLE

(This space for Federal or State office use)

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APPROVED BY _______ CONDITIONS OF APPROVAL, IF ANY:

no ounte

AUG