. I hereby certify fin							
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1			Ü				
	appro	2 3/8" OD eximately well on	3360'.	ng w/packe n.	r to be s	et at	
•				and tally			
vert this was obtain Therefore, procedure:	well to w ed under	ater inje Administr	ction for ative Or	r the MCA i der WFX 25	Unit Wate 3, dated	rflood Ex March 15,	pansion 1967.
precrise Proposed of proposed work. If near to this work!	R COMPLETED OPER well is direction	ATIONS (Clearly sta ally drilled, give so			inent dates, includer true vertical depi	ling estimated date	e of starting a and zones pe
REPAIR WELL (Other) CONVE	CI	sandon* HANGE PLANS OP In 1.	x	(Other)(Note: Re	port results of mu	ABANDONMEN	on Well
TEST WATER SHUT-O	М.	ULTIPLE COMPLETE	a	WATER SHUT-OF	MENT	BEPAIRING W	SINO
	Check App TREETING OF INTENTA		Indicate Nat	ure of Notice, Re	port, or Other		
					Lea	à.	N.M.
Lea County	, New Mex	1C O	ow whether no ar	GP etc.)		C. 30, T-	
See also space 17 beloat burface 660' FNL &		L, Section	n 30, T-1	17S, R-32E	I/G:	SA) Pool sec., t., R., M., on a survey on AREA	
P. O. Box	leport location cles	s, New Med	cico 8821	te requirements.*	10'	7 Ljamar Kej	windert
Continental		pany	·	. , , , , , , , , , , , , , , , , , , ,	MCA	Unit	7/2
WELL X GAR WELL WELL NAME OF OPERATOR	OTHER	<u> </u>	·.		MC A	NIT AGREEMENT NA	
	ORY NOTK form for proposal Use "APPLICAT	ESIAGNO RE	PORIS ON pen or plug back —" for such prope	VELLS to a different reser			
(No not use this		EOLOGICAL S		verse side)	G. 15	' INDIAN, ALLOTTEE	OR TRIBE NAM