Form 9-331

UN ED STATES SUBMIT IN TRIPL TE*

Form approved.
Budget Bureau No. 42-R1424.

May 1963)	DEPAR	TMENT OF THE		(Other instructions on reverse side)	el 1111-1	esignation an	D SERIAL NO		
		OTICES AND RE		N WELLS ck to a different reservoir. posals.)	6. IF INDIA	AN, ALLOTTEE O	R TRIBE NAME		
	AS 🗍				7. UNIT AG	REEMENT NAME	;		
WELL △ W 2. NAME OF OPERA	TOR	S. FARM OI	S. FARM OR LEASE NAME						
			North Young Queen						
Harvey E.	Yates Comp	i	9. WELL NO.						
		National Bank	Blda Ro	swell, New Mex. 882	2d1 1				
4. LOCATION OF WI See also space At surface	ELL (Report location	10. FIELD	10. FIELD AND POOL, OR WILDCAT						
19	980 FNL & FV	VL.			11. SEC., T	r., R., M., OR BLE VEY OR AREA	. AND		
						10, T-18			
14. PERMIT NO.		15. ELEVATIONS (S)	now whether DF,	RT, GR, etc.)	12, COUNT	Y OR PARISH			
		3841			Lea		N. M.		
16.	Check	Appropriate Box To	Indicate No	ature of Notice, Report, or	Other Data	I			
							CENT REPORT OF:		
IEST WATER S	FHUT-OFF	PULL OR ALTER CASIN	; _G	WATER SHUT-OFF		REPAIRING WE	LL		
FRACTURE TRE	:	MULTIPLE COMPLETE		FRACTURE TREATMENT	w	ALTERING CAS	ING		
SHOOT OR ACH	;-	ABANDON®	X	SHOOTING OR ACIDIZING		ABANDONMENT	•		
REPAIR WELL		CHANGE PLANS		(Other)					
(Other)				(Note: Report resul Completion or Recom	ts of multiple pletion Repor	completion on t and Log form	. W ell)		
17. pt so RIBE Prope proposed wo nent to this s	rk. If well is dir	OPERATIONS (Clearly stated to contain the contains and contains a sectionally drilled, give s	te all pertinent ubsurface location	details, and give pertinent date ons and measured and true verti	es, including e leal depths for	stimated date r all markers a	of starting an ind zones pert		
6-15-76 Di	rilled to T	D of 4200'							
6-15, 6-16	Ran electr	ic logs.			_				
No economic	reason to	attempt comple	tion of w	ell our intention i	s to plu	g and aba	ındon		
well as fol									
35 sx	cement plug	set @ 3880							
35 sx	cement plug	set 0 2650	_						
35 sx	cement plug	set @ 2455//J	O						
50 sx	cement plug	set 0 545							
	cement plug between plu	set 0 top wit gs	h dry hol	e marker					
·									

18. I hereby certify that the foregoing is true and correct		<u> </u>								
	TTT.E	Vice	President		DATE	7-23-76				
				NO OV.	7					
(This space for Federal or State office use)			AP		July 1	6				
APPROVED BYCONDITIONS OF APPROVAL, IF ANY:	TITLE .		+- 6	7 191	· Oley	3				
			1 3	CITY BRO	J. MMC					
	_		AF / AF	estrict engin	VEER					
*See Instructions on Reverse Side ISTRICT CHICINEER										