Form 5-331

SUBMIT IN TRIPLICATE. HAUTED STATES

Form approved.

(May 1963)	EPARTME OF THE	INTERIOR (Other Instruction verse side)	7e- 5. LEASE DESIGNATION	AND SERIAL NO.	
		OLOGICAL SURVEY		NM-0897	
	Y NOTICES AND REP of for proposals to drill or to deep of "APPLICATION FOR PERMIT—"	ORTS ON WELLS en or plug back to a different reservoir. for such proposals.)	6. IF INDIAN, ALLOTTE	SE OR TRIBE NAME	
1. OIL GAS WELL WELL	OTHER P & A		7. UNIT AGREEMENT N	AME	
2. NAME OF OPERATOR	8. FARM OR LEASE NA	8. FARM OR LEASE NAME			
Atlantic 1	l	Fletcher A DE Fed			
3. ADDRESS OF OPERATOR	9. WELL NO.	9. WELL NO.			
	1978, Roswell, N		1		
4. LOCATION OF WELL (Repor See also space 17 below.) At surface		Lynch-Yates/7R			
990' FNL &	SURVEY OR ARE.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA			
			Sec. 35, T2	20S, R34E	
14. PERMIT NO.	15. ELEVATIONS (Show	15. ELEVATIONS (Show whether DF, RT, GR, etc.)		H 13. STATE	
	3729	• GR	Lea	N.M.	
	Check Appropriate Box To I	ndicate Nature of Notice, Report,	or Other Data BEEQUENT REPORT OF:		
TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (Other)	PULL OR ALTER CASING MULTIPLE COMPLETE ABANDON* CHANGE PLANS	WATER SHUT-OFF FRACTURE TREATMENT SHOOTING OR ACIDIZING (Other) (Note: Report re Completion or Ree	ALTERING O ABANDONME sults of multiple completion report and Log for	CASING X	
17. DESCRIBE PROPOSED OR COMProposed work. If well nent to this work.) *	IPLETED OPERATIONS (Clearly state list directionally drilled, give subs	all pertinent details, and give pertinent d urface locations and measured and true ve	ates, including estimated da ertical depths for all marker	te of starting any rs and zones perti-	
Squeeze 5½" casi cement c 1400-165	cemented above poing. Displaced 69 on top of retaines 50'. Spotted 30 s	L @ 3372' WLM. RU to erfs w/75 sx leaving 5 sx below cmt retain c. Spotted 25 sx Cla sx Cl. C cement from Well P & A 3/2/72.	100' plug insi er. Dumped 10 ss C cement fr	ide) sx com	

Your office will be notified when this location is ready for inspection.

18. I hereby certify that the foregoing is true and correct SIGNED Litches	is true and correct	Dist. Drlg. Supervisor _{DATE} 3/8/72
(This space for Federal or State office use) APPROVED BY	TITLE _	DATE
CONDITIONS OF APPROVAL, IF ANY:		ATROVED

*See Instructions on Reverse Side

SEP BESSAME

J L GORDON