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5.	LEASE	DES	IG N	TION	AND	BERT	AL :	NO.
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SUNDRY NOTICES AND REPORTS ON WELLS (Do not use this form for proposals to dell or to deeper or plug back to a different reservoir. OUL MONTH ADDRESS OF PROPOSALS TO STREET OF SUBJECT O	(May 1963)	DEPARTM	UNITED STATES ME OF THE INT SEOLOGICAL SURVEY	ERIOR (Other lustr	TRIPLICATE*	5. LEASE DESIGNATION NM-251	and Serial No.
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4. DOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 990' FNLH (\$50' FEL gSe. 10, T. 215, R-37E Lea County, New Meetico 11. SEC. 2. 3. M., OR MEE. AND SOUNDED OF ARESS. 13. STATE Lea County, New Meetico 14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, CR, etc.) 16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data SOUTHER OF INTENTION TO: TEST WATER SHUT-OFF FRACTURE TREAT ARABON' CHANGE PLANS (Other) MULTIPLE COSPIPATE ARABON' CHANGE PLANS (Other) MULTIPLE COSPIPATE ARABON' CHANGE PLANS (Other) MULTIPLE COSPIPATE ARABON' (Other) MULTIPLE COSP	Cont	inental O	it Company			Harrik B-	10
At surface 990' FNI + 1650' FEL g Se. 10, T. 215, R-37E 11. BEC. T. R. M., OR BLEC. AND BORNET OR AREA 12. COUNTY, New More of Report or AREA 13. STATE 14. PERMIT NO. 15. REEVATIONS (Show whether DP, RT, CR, etc.) 16. 17. DECRETE OF INTENTION TO: 18. 18. 18. 19. 10. 10. 10. 11. 10. 11. 11	Bet 4 1. LOCATION OF See also space	WELL (Report location cl.	early and in accordance with	Mid n any State requirements.	.•	-/ /	
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data **ROTICE OF INTENTION TO: **BUBBEQUENT REPORT OF: **BEATURE TREAT **BIRDOT OR ACTOLIZE **BEPARE WILL (Other) 17. DESCRIBE PROPOSE OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any pertinent of this work.) **BEATURE TREAT **BERT WALL STATE **ANABON** **CHANGE PLANS (Other) 17. DESCRIBE PROPOSE OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any pertinent to this work.) **APPROVAL TO down hold commissional measured and true vertical dioths for all markers and zones pertinent dates. **DEBCRIBE PROPOSE OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any pertinent to this work.) **APPROVAL TO down hold commissions and measured and true vertical dioths for all markers and zones pertinent dates. **DEBCRIBE PROPOSE OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any pertinent to this work.) **APPROVAL TO down hold commissions and measured and true vertical dioths for all markers and zones pertinent dates. **DEBCRIBE PRAISE 13. STATE **APPROVAL AND COMPLETE OF AND COMPLETE O	At surface	FNL+ 1650'1		T-215, R-371	=	11. SEC., T., R., M., OR E SURVEY OR AREA	LE. AND
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FRACTURE TREAT SHOOT OR ACIDIZE SHOOT OR		•		ile 14dible of 14blice		•,	
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	e foregoing is true and correct	TITLE OM	Lucianing	DATE _//-/	0-70
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CONDITIONS OF APP.	ROVAL, IF ANY:		NOV 12.1		·
	*See	Instructions on Re	verse Side Cassecent	- SERVEY	