Form	9-331
(May	1963)

SUBMIT IN TRIPLICATE (Other instructions on re-UNITED STATES

Form approved. Budget Bureau No. 42-R1424.

(May 1963)	DEPARTMENT OF THE INTERIOR verse side) GEO: JICAL SURVEY			16-	LC-03Z096(b) 6. IF INDIAN, ALLOTTEE OR TRIBE NAME			
(Do not us	SUNDRY NO	TICES AND REP	ORTS ON	WELLS to a different reservoir.	•			
(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use "APPLICATION FOR PERMIT—" for such proposals.)				7. UNIT AGE	7. UNIT AGREEMENT NAME			
OIL GAS GAS WELL OTHER					8. FARM OR	8. FARM OR LEASE NAME		
2. NAME OF OPERATOR				Parlahart B-12				
	tal Oil Comp	any			9. WELL NO			
P. O. Box 460, Hobbs, New Mexico 88240 P. O. Box 460, Hobbs, New Mexico 88240					10. FIELD AND POOL, OR WILDCAT			
4. LOCATION OF W See also space At surface	17 below.)	ii Clearly and in december		te requirements.*	Blance	R. A., OB BLE.	a bar	
1980' FA	VL 4 660'	FWL of Se		• •	Sec 1	7 7.715	R-37E	
14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3462'DF				12. COUNTY	OR PARISH I	2. 87. 57. E		
				hea		NM ————		
				ure of Notice, Report,	or Other Data			
16. Check Appropriate Box To Indicate Nature of Notice, Report, of Notice OF INTENTION TO:					BSEQUENT REPORT	SEQUENT REPORT OF:		
	NOTICE OF IN	•		WATER SHUT-OFF		REPAIRING WEI	it	
TEST WATER	1 1	PULL OR ALTER CASING MULTIPLE COMPLETE	' 	FRACTURE TREATMENT		ALTERING CASI	7G	
FRACTURE TR		ABANDON*		SHOOTING OR ACIDIZING		ABANDONMENT	' -	
REPAIR WELI	1-1	CHANGE PLANS		(Other) (Note: Report r	esults of multiple	completion on	Well	
(Other)			11	Completion of Re	Completion Report	Almanda Jahan	of atasting unv	
nent to this	s work.) *	•	bsurface location	letalis, and give pertinent is and measured and true	vertical depths for	: all markers a	nd somes perci-	
Status	of Well: 54	at temp. aban.	commenced	: <i>トマ5-</i> 73				
Approxi	nate date th	an.: Unecone	mical					
		1	,	bry Waterfloo	d unit			
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		This a aba	pproval of ndonment e	temporary ()	141475			
			•					
						• •		
				E. 11 10	26		- ,	

Approximate date of future W. O. or plugging: TITLE Division Office Manager 18. I hereby certify that the foregoing is true and correct (This space for Federal or State office use)

*See Instructions on Reverse Side