Form 9-331 (May 1963)	UNITED STATES	SUBMIT IN TRIPLICATE	Form approved. Budget Bureau No. 42-R1424.
I I	DEPARTMEN] F THE INTER GEOLOGICAL SURVEY	IOR (Other instructions o verse side)	LC 03/740 b
SUND (Do not use this for	RY NOTICES AND REPORTS (rm for proposals to drill or to deepen or plug Use "APPLICATION FOR PERMIT—" for such p	ON WELLS back to a different reservoir. proposals.)	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
OIL X GAS WELL	OTHER		7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR	3 nouse B-4		
3. ADDRESS OF OPERATOR Box 46	O Hobbs new 7	noxico	9. WELL NO. 28
4. LOCATION OF WELL (Report location clearly and in ecordance with any State requirements.* See also space 17 below.) At surface			oil Center Bline
,			11. SEC., T., R., M., OR BLK. AND
2230 FSL	end 1980' FEL of	Sec4	Sec 4, T-215, R-36
	end 1980' FEL of 15. ELEVATIONS (Show whether D 3580'	of, RT, GR, etc.)	Sec 4 T-2/5 R-36 12. COUNTY OR PARISH 12. STATE LCO N. Mex
14. PERMIT NO.	15. ELEVATIONS (Show whether D	F, RT, GR, etc.)	Sec 4 T-2/5 R-36 12. COUNTY OR PARISH 12. STATE LOW N. Mex
14. PERMIT NO.	15. ELEVATIONS (Show whether D	Nature of Notice, Report, or C	Sec 4 T-2/5 R-36 12. COUNTY OR PARISH 12. STATE LOW N. Mex
14. PERMIT NO. 16. NO. TEST WATER SHUT-OFF	Check Appropriate Box To Indicate I	Nature of Notice, Report, or C SUBSEQUE WATER SHUT-OFF	Sec 4 T-2/5 R-36 12. COUNTY OF PARISH 12. STATE LOW N. Mex Other Data JENT REPORT OF: REPAIRING WELL
4. PERMIT NO. 6. NOTEST WATER SHUT-OFF FRACTURE TREAT	Check Appropriate Box To Indicate I	Nature of Notice, Report, or C	Sec 4 T-2/5 R-36 12. COUNTY OF PARISH 12. STATE LEAN N. MEX Other Data JENT REPORT OF:
14. PERMIT NO. 16. NOTEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE	Check Appropriate Box To Indicate I	Nature of Notice, Report, or C SUBSEQUE WATER SHUT-OFF FRACTURE TREATMENT SHOOTING OR ACIDIZING (Other)	Sec 4 T-2/5 R-36 12. COUNTY OR PARISH 12. STATE LOW NOR PARISH 12. STATE N. Mex Other Data JENT REPORT OF: REPAIRING WELL ALTERING CASING ABANDONMENT* CMCCMON
14. PERMIT NO. 16. NOTEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (Other)	Check Appropriate Box To Indicate I TICE OF INTENTION TO: PULL OR ALTER CASING MULTIPLE COMPLETE ABANDON* CHANGE PLANS	WATER SHUT-OFF FRACTURE TREATMENT SHOOTING OR ACIDIZING (Other) (Note: Report results Completion or Recomp	Sec 4 T-2/5 R-36 12. COUNTY OR PARISH 12. STATE LEA N. MEX Other Data JENT REPORT OF: REPAIRING WELL ALTERING CASING ABANDONMENT* Of multiple completion on Well letion Report and Log form.)
14. PERMIT NO. 16. NOTEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (Other) 17. DESCRIBE PROPOSED OR C proposed work. If y	Check Appropriate Box To Indicate In Tice of Intention to: PULL OR ALTER CASING MULTIPLE COMPLETE ABANDON* CHANGE PLANS COMPLETED OPERATIONS (Clearly state all pertine well is directionally drilled, give subsurface loc	Nature of Notice, Report, or C SUBSEQUE WATER SHUT-OFF FRACTURE TREATMENT SHOOTING OR ACIDIZING (Other) (Note: Report results Completion or Recomp	Sec 4 T-2/5 R-36 12. COUNTY OR PARISH 12. STATE COUNTY OR PARISH 12. STATE ALTERING WELL ALTERING CASING ABANDONMENT* Comparish of multiple completion on Well letion Report and Log form.) including estimated date of starting any
14. PERMIT NO. 16. NOTEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (Other) 17. DESCRIBE PROPOSED OR C proposed work. If y	Check Appropriate Box To Indicate Interest of Interest	Nature of Notice, Report, or C SUBSEQUE WATER SHUT-OFF FRACTURE TREATMENT SHOOTING OR ACIDIZING (Other) (Note: Report results Completion or Recomp	Sec 4 T-2/5 R-36 12. COUNTY OR PARISH 12. STATE COUNTY OR PARISH 12. STATE ALTERING WELL ALTERING CASING ABANDONMENT* Comparish of multiple completion on Well letion Report and Log form.) including estimated date of starting any

Spudded 124" hole on 2-12-72. Let 82, 20# cosing at 1227. Cemented w/300 sacks class c cosing at 1227. Cemented w/300 sacks class c cement w/490 get and 290 CaCl2. Followed w/ cement w/290 ca Cl2. Cement 300 sacks class c cement w/290 ca Cl2. Cement circulated. Tested cosing to 1000 # for 30 circulated. Held O.K.

18. I hereby certify that the compoint is true and compoint is true and compoint is true and compoint in the second compoint in the second compoint is true and compoint in the second	Get Y TITLE admin.	Supervisor DATE 2-14-72
(This space for Federal o State office use) APPROVED BY CONDITIONS OF APPROVAL, IF ANY:	TITLE	ACCEPTED FOR RECORD FEB 1 8 1972
	*See Instructions on Reverse	SHES. GEOLOGICAL SURVEY HOBBS, NEW MEXICO

USRSICI NMFIILL) File



FES 2 2 1.72 OIL CONSEDERATE COMM. HODBEL N. M.