

UNIT NO. _____
 NAME OF OPERATOR _____
 ADDRESS _____
 CITY _____
 STATE _____
 ZIP _____

UNIT NO. _____
 NAME OF OPERATOR _____
 ADDRESS _____
 CITY _____
 STATE _____
 ZIP _____

SUMMARY NOTICE OF UNIT AGREEMENT
 DO NOT USE THIS FORM FOR PROPOSALS TO UNIT OR TO BE USED IN CONNECTION TO A DIFFERENT RESERVOIR.
 1. APPLICATION FOR PERMIT TO UNIT OR TO BE USED IN CONNECTION TO A DIFFERENT RESERVOIR.
 2. UNIT AGREEMENT NAME _____
 3. NAME OF OPERATOR _____
 4. NAME OF OPERATOR _____
 5. NAME OF OPERATOR _____
 6. NAME OF OPERATOR _____
 7. NAME OF OPERATOR _____
 8. NAME OF OPERATOR _____
 9. NAME OF OPERATOR _____
 10. NAME OF OPERATOR _____
 11. NAME OF OPERATOR _____
 12. NAME OF OPERATOR _____
 13. NAME OF OPERATOR _____
 14. NAME OF OPERATOR _____
 15. NAME OF OPERATOR _____
 16. NAME OF OPERATOR _____
 17. NAME OF OPERATOR _____
 18. NAME OF OPERATOR _____
 19. NAME OF OPERATOR _____
 20. NAME OF OPERATOR _____
 21. NAME OF OPERATOR _____
 22. NAME OF OPERATOR _____
 23. NAME OF OPERATOR _____
 24. NAME OF OPERATOR _____
 25. NAME OF OPERATOR _____
 26. NAME OF OPERATOR _____
 27. NAME OF OPERATOR _____
 28. NAME OF OPERATOR _____
 29. NAME OF OPERATOR _____
 30. NAME OF OPERATOR _____
 31. NAME OF OPERATOR _____
 32. NAME OF OPERATOR _____
 33. NAME OF OPERATOR _____
 34. NAME OF OPERATOR _____
 35. NAME OF OPERATOR _____
 36. NAME OF OPERATOR _____
 37. NAME OF OPERATOR _____
 38. NAME OF OPERATOR _____
 39. NAME OF OPERATOR _____
 40. NAME OF OPERATOR _____
 41. NAME OF OPERATOR _____
 42. NAME OF OPERATOR _____
 43. NAME OF OPERATOR _____
 44. NAME OF OPERATOR _____
 45. NAME OF OPERATOR _____
 46. NAME OF OPERATOR _____
 47. NAME OF OPERATOR _____
 48. NAME OF OPERATOR _____
 49. NAME OF OPERATOR _____
 50. NAME OF OPERATOR _____
 51. NAME OF OPERATOR _____
 52. NAME OF OPERATOR _____
 53. NAME OF OPERATOR _____
 54. NAME OF OPERATOR _____
 55. NAME OF OPERATOR _____
 56. NAME OF OPERATOR _____
 57. NAME OF OPERATOR _____
 58. NAME OF OPERATOR _____
 59. NAME OF OPERATOR _____
 60. NAME OF OPERATOR _____
 61. NAME OF OPERATOR _____
 62. NAME OF OPERATOR _____
 63. NAME OF OPERATOR _____
 64. NAME OF OPERATOR _____
 65. NAME OF OPERATOR _____
 66. NAME OF OPERATOR _____
 67. NAME OF OPERATOR _____
 68. NAME OF OPERATOR _____
 69. NAME OF OPERATOR _____
 70. NAME OF OPERATOR _____
 71. NAME OF OPERATOR _____
 72. NAME OF OPERATOR _____
 73. NAME OF OPERATOR _____
 74. NAME OF OPERATOR _____
 75. NAME OF OPERATOR _____
 76. NAME OF OPERATOR _____
 77. NAME OF OPERATOR _____
 78. NAME OF OPERATOR _____
 79. NAME OF OPERATOR _____
 80. NAME OF OPERATOR _____
 81. NAME OF OPERATOR _____
 82. NAME OF OPERATOR _____
 83. NAME OF OPERATOR _____
 84. NAME OF OPERATOR _____
 85. NAME OF OPERATOR _____
 86. NAME OF OPERATOR _____
 87. NAME OF OPERATOR _____
 88. NAME OF OPERATOR _____
 89. NAME OF OPERATOR _____
 90. NAME OF OPERATOR _____
 91. NAME OF OPERATOR _____
 92. NAME OF OPERATOR _____
 93. NAME OF OPERATOR _____
 94. NAME OF OPERATOR _____
 95. NAME OF OPERATOR _____
 96. NAME OF OPERATOR _____
 97. NAME OF OPERATOR _____
 98. NAME OF OPERATOR _____
 99. NAME OF OPERATOR _____
 100. NAME OF OPERATOR _____

UNIT NO. _____
 NAME OF OPERATOR _____
 ADDRESS _____
 CITY _____
 STATE _____
 ZIP _____

Check appropriate Box to indicate: Summary of Notice, Report or Other Data.
 INITIAL OF INTENTION TO: _____
 SUBSEQUENT REPORT OF: _____

1. NAME OF OPERATOR _____
 2. NAME OF OPERATOR _____
 3. NAME OF OPERATOR _____
 4. NAME OF OPERATOR _____
 5. NAME OF OPERATOR _____
 6. NAME OF OPERATOR _____
 7. NAME OF OPERATOR _____
 8. NAME OF OPERATOR _____
 9. NAME OF OPERATOR _____
 10. NAME OF OPERATOR _____
 11. NAME OF OPERATOR _____
 12. NAME OF OPERATOR _____
 13. NAME OF OPERATOR _____
 14. NAME OF OPERATOR _____
 15. NAME OF OPERATOR _____
 16. NAME OF OPERATOR _____
 17. NAME OF OPERATOR _____
 18. NAME OF OPERATOR _____
 19. NAME OF OPERATOR _____
 20. NAME OF OPERATOR _____
 21. NAME OF OPERATOR _____
 22. NAME OF OPERATOR _____
 23. NAME OF OPERATOR _____
 24. NAME OF OPERATOR _____
 25. NAME OF OPERATOR _____
 26. NAME OF OPERATOR _____
 27. NAME OF OPERATOR _____
 28. NAME OF OPERATOR _____
 29. NAME OF OPERATOR _____
 30. NAME OF OPERATOR _____
 31. NAME OF OPERATOR _____
 32. NAME OF OPERATOR _____
 33. NAME OF OPERATOR _____
 34. NAME OF OPERATOR _____
 35. NAME OF OPERATOR _____
 36. NAME OF OPERATOR _____
 37. NAME OF OPERATOR _____
 38. NAME OF OPERATOR _____
 39. NAME OF OPERATOR _____
 40. NAME OF OPERATOR _____
 41. NAME OF OPERATOR _____
 42. NAME OF OPERATOR _____
 43. NAME OF OPERATOR _____
 44. NAME OF OPERATOR _____
 45. NAME OF OPERATOR _____
 46. NAME OF OPERATOR _____
 47. NAME OF OPERATOR _____
 48. NAME OF OPERATOR _____
 49. NAME OF OPERATOR _____
 50. NAME OF OPERATOR _____
 51. NAME OF OPERATOR _____
 52. NAME OF OPERATOR _____
 53. NAME OF OPERATOR _____
 54. NAME OF OPERATOR _____
 55. NAME OF OPERATOR _____
 56. NAME OF OPERATOR _____
 57. NAME OF OPERATOR _____
 58. NAME OF OPERATOR _____
 59. NAME OF OPERATOR _____
 60. NAME OF OPERATOR _____
 61. NAME OF OPERATOR _____
 62. NAME OF OPERATOR _____
 63. NAME OF OPERATOR _____
 64. NAME OF OPERATOR _____
 65. NAME OF OPERATOR _____
 66. NAME OF OPERATOR _____
 67. NAME OF OPERATOR _____
 68. NAME OF OPERATOR _____
 69. NAME OF OPERATOR _____
 70. NAME OF OPERATOR _____
 71. NAME OF OPERATOR _____
 72. NAME OF OPERATOR _____
 73. NAME OF OPERATOR _____
 74. NAME OF OPERATOR _____
 75. NAME OF OPERATOR _____
 76. NAME OF OPERATOR _____
 77. NAME OF OPERATOR _____
 78. NAME OF OPERATOR _____
 79. NAME OF OPERATOR _____
 80. NAME OF OPERATOR _____
 81. NAME OF OPERATOR _____
 82. NAME OF OPERATOR _____
 83. NAME OF OPERATOR _____
 84. NAME OF OPERATOR _____
 85. NAME OF OPERATOR _____
 86. NAME OF OPERATOR _____
 87. NAME OF OPERATOR _____
 88. NAME OF OPERATOR _____
 89. NAME OF OPERATOR _____
 90. NAME OF OPERATOR _____
 91. NAME OF OPERATOR _____
 92. NAME OF OPERATOR _____
 93. NAME OF OPERATOR _____
 94. NAME OF OPERATOR _____
 95. NAME OF OPERATOR _____
 96. NAME OF OPERATOR _____
 97. NAME OF OPERATOR _____
 98. NAME OF OPERATOR _____
 99. NAME OF OPERATOR _____
 100. NAME OF OPERATOR _____

Check appropriate Box to indicate: Summary of Notice, Report or Other Data.
 INITIAL OF INTENTION TO: _____
 SUBSEQUENT REPORT OF: _____

UNIT NO. _____
 NAME OF OPERATOR _____
 ADDRESS _____
 CITY _____
 STATE _____
 ZIP _____

Expires 11/11/15

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

Signature: _____ Title: _____ Date: _____

UNIT NO. _____ NAME OF OPERATOR _____ ADDRESS _____ CITY _____ STATE _____ ZIP _____

RECEIVED

NOV 7 1974

OIL CONSERVATION COMM.
HOBBS, N. M.