| (This space for F | | APPROVED® | | |
|--|--|---|---|--|
| SIGNED | LUM M | TITLE Superintendent | | DATE April 22, 1969 |
| . I hereby certify the | hat the foregoing is true and corre | AGGIGGIG DIG | | Andreas and the second and the secon |
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| | | Sandard State Communication (1997) | | |
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| | | | | |
| | and return well to pr | | | December 1997 |
| | well wy/O Bois. Fresh | n water and 20 gals. e | MOTSTOIL OLG | Janot • |
| | 11 in for 24 hours. | n waten and 20 male a | mulatan hee | eskar. |
| | ection 30891 to 32/101 | | | |
| 3. Spot 1 | 65 gals. C-30 Champio | on Chemical mixed in 1 | bbls. free | sh water on open |
| • | fluid level for addit | | | |
| 1. Shut W | lall in for 21 hours | to obtain fluid level. | | |
| THE FOLLO | WING WORK HAS BEEN CO | OMPLETED ON SUBJECT WE | TT: | |
| nent to this work | | | | • |
| proposed work, | , og commisterer omfattone (Clearly - ff-well in directionally drilled, giv | e with all forthing the tribe and mountre. The superclass for the and mountre. | perijoent mircs, and true vertical | including estimated date of starting and depths for all markers and somes perti |
| (Other) | i de la companya de l | Comp | detion or Recomple | of mottpin completion on Well tion Report and Log Corm.) |
| III PAIR WWide | CHANGE PLANS | (Other) | ront Well'I'd | for Scale X |
| FRACTURE TREAT | MULTIPER COMPL | MICOTING | OR ACIDIZING | AHANDUN MELTE |
| TEST WATER SHU | [] | | | REPAIRING WELL ALTERING CARING |
| | NOTICE OF INTENTION TO: | | SUBBEQUE | |
| | | t to indicate individe of inotice | | INEL DOIG |
| | Ch. J. A | To Indicate Nature of Notice | Panast as O | |
| Regular | | 3000' (D. F.) | | Lea New Mexic |
| PERMIT NO. | | (Show whether DF, RT, GR, etc.) | | 12. COUNTY OR PARISH 13. STATE |
| County, Ne | = | S, R-37-E, Unit Letter | n nea | Sec. 26, T-26-S, R-37-F |
| | | South Line and 1980: | | 11. SNC., T., R., M., OR BLK. AND SURVEY OR AREA |
| See also space 17 t At surface | | أعمامه سنا السادات | | Rhodes |
| LOCATION OF WELL | (Report location clearly and in acc | ordance with any State requirements | 3. • | 10, FIELD AND POOL, OR WILDCAT |
| Address of OPERAT | P. O. Box 728, Hobbs, | | EN MUNICO | 77 |
| | TEXACO Inc. | The said was a second | | W. H. Rhodes B' Fed. N |
| NAME OF OPERATOR | | 2.27.3 | 2.2.1969 | S. FARM OR LEADE NAME |
| WELL WELL | , orner | | | None |
| | Use "APTHOAITON FOR PING | | | T. UNIT AGREEMENT NAME |
| ODe not use ft | its form for propossing to death or to | wifeepen or plur back to a different | reservoir. | None |
| CII | NDRY NOTICES AND | | | 6. IF INDIAN, ALLOTION OR TRIBE NAME |
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| philosophic and policy and an incident and a supplementary and a s | OFFARIMENT OF I | THE INTERIOR TOTAL MARKET. | | LC-030174 (b) |

APR 23 1939