UNIT STATES SUBMIT IN TRIPLICA (Other instructions of verse side)

Form approved. Budget Bureau No. 42-R1424.

be but I	NM-036249				
SUNDRY N	6. IF INDIAN, ALLOTTEE OR TRIBE NAME				
OIL GAS WELL OTH	CORTLAND MYERS UNI				
2. NAME OF OPERATOR (TOGGE Production (8. FARM OR LEASE NAME				
3. Address of operator SON 68, HOBBS, N. M. 8.	8240		9. WELL NO.		
4. LOCATION OF WELL (Report loca See also space 17 below.) At surface	FEL Sec. 22 (UNIT	•	10. FIELD AND FOOL, OR WILDCAT ANGLIE MATTIX 11. SEC., T., B., M., OR BLK. AND SURVEY OR AREA		
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.)				
	k Appropriate Box To Indicate I		Other Data		
TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (Other)	PULL OR ALTER CASING MULTIPLE COMPLETE ABANDON* CHANGE PLANS	Completion or Recomp	ALTERING CASING ABANDONMENT s of multiple completion on Well pletion Report and Log form.)		
nent to this work.) *	nt to increase of Hole sec 3	e production 277-3580 w/	including estimated date of starting any cal depths for all markers and zones pertinularly properties and sone of the starting any calculation of the starting and starting		

TD- 3580 5/2" CSA 3277

			7					
18. I hereby	certify	that	the	foregoing	is	true	and	correct

SIGNED =

AREA SUPERINTENDENT TITLE

DATE JAN 1 7 1872

(This space for Federal or State office use)

TITLE

*See Instructions on Reverse Side