		COPY TO O. C. C		
	UNITED STATES DEPARTMENT OF THE INTERIO GEOLOGICAL SURVEY	SUBMIT IN TRIPLICATE* (Other instructions on re- verse side)	5. LEASE DESIGNATION A	No. 42-R1424. ND BERIAL NO. 060944
(Do not use this for	7. UNIT AGREEMENT NAM	12		
1. OIL GAS WELL OTHER 2. NAME OF OPERATOR			8. FARM OR LEASE NAME Federal "B"	
Apollo Oil Company 3. ADDRESS OF OPERATOR Box 1737, Hobbs, N.M. 88240 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*			9. WELL NO. 10. FIELD AND POOL, OR WILDCAT	
At surface 1980 feet from the north line and 1980 feet from			Langlie Mattix Queen 11. SEC., T., B., M., OB BLE. AND SUBVEY OF AREA Section 14-25S-37E	
the east 1	15. ELEVATIONS (Show whether DF, B 3107 DF		12. COUNTY OB PARISH	13. STATE N.M.
TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (Other) 17. DESCRIBE PROPOSED OR proposed work. If nent to this work.)* 1. Rig up 2. Tag bot 3. If nece 4. Pick up 5. Acid, 5.	Check Appropriate Box To Indicate Na TICE OF INTENTION TO: PULL OR ALTER CASING MULTIPLE COMPLETE ABANDON [®] CHANGE PLANS COMPLETED OPERATIONS (Clearly state all pertinent well is directionally drilled, give subsurface location pulling unit. toom and tally tubing out of h essary, clean out to 3306 [°] . o packer, set at 3200 [°] . frac open hole. est for production. 1 pumping equipment.	SUBSEQ WATER SHUT-OFF FRACTURE TREATMENT SHOOTING OR ACIDIZING (Other) (NOTE: Report result Completion or Recomm details, and give pertipent date ons and measured and true vertines ole.	REPAIRING C ALTERING C ABANDONMEN B of multiple completion pletion Report and Log for	ASING NT* on Well rm.) te of starting any s and zones perti- 80 SURVEY
(This space for Fed.	the foregoing is true and correct	Owner	APPROV DATE DEC 1 5, 196	
		ns on Reverse Side		'ISOR

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