	•	10. 6. 6.			
Form 9-331 (May 1963)	DEPARTMENT OF THE INTERIOF			ATE* Form approved. Budget Bureau No. 42-R1424. 5. LEASE DESIGNATION AND SERIAL NO.	
GEOLOGICAL SURVEY				LC032579 (e) 6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
SU (Do not use t	INDRY NOTICES AN his form for proposals to drill or Use "APPLICATION FOR PL	to deepen or plug back ERMIT—" for such propos	WELLS to a different reservoir. als.)		
1.				7. UNIT AGREEMENT NA	ME
WELL CAS WEL		MAY	20 00	_	
2. NAME OF OPERATOR				8. FARM OR LEASE NAME	
Santa Fe Energy Company				$-\frac{\text{Carlson B-2}}{9. \text{ well NO.}}$	5
				3	
7200 I-40 West, Amarillo, Texas 79106 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)				10. FIELD AND POOL, OR WILDCAT	
At surface Unit 0, 1650' FEL & 990' FSL, Section 25-255-37E				Dual Justis TD & Justis 11. SEC., T., R., M., OR BLK. AND FUSSelman SURVEY OR AREA	
,	,,,			SURVEY OR AREA 25-25 S-37E	•
14. PERMIT NO.	15. ELEVATIO	ONS (Show whether DF, RT,	GF., etc.)	12. COUNTY OR PARISH	13. STATE
	3065 '	КВ		Lea	NM
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data					
				QUENT REPORT OF:	
		CLEINE	WATER SHUT-OFF	REPAIRING V	
TEST WATER SHU			FRACTURE TREATMENT	ALTERING CA	
FRACTURE TREAT	X ABANDON*	X.	-	ABANDONMEN	
SHOOT OR ACIDIZE	v		SHOOTING OR ACIDIZING	ABANDONMER	····
REPAIR WELL	A CHANGE PLANS		(Other) (Note: Report result	ts of multiple completion	on Well
nent to this wor			ails, and give pertinent date and measured and true vert		e of starting any and zones perti-
A wellbore sch	ntly a dual completi nematic is attached. o a suspected tubing	The short st			
production, pe	pull tubing and aba erforate and treat a 951-54', 5864-70', 5	dditional Tubb-	Drinkard interval	Abo stringer at ls at 6110-18',	6182-86 for 6103-05',
,	,	,			
pletion pendin	completed as a singl ng dual completion a nission for an 80 ac	pprovals. If A	Abo stringer is pr	1al Tubb-Drinkar roductive, we wi	d and Abo com- 11 apply with
F 0 771C :		<i>(</i> 1) <i>() <i>() <i>() () () () () () () () () () () () <i>() () () () () () () () () () () () () () () <i>() () () () () () () () () () () () () () <i>() () () () <i>() () () () () () () () () () <i>() () () () <i>() () () () () () <i>() () () <i>() () () <i>() () () <i>() () <i>() () () <i>() () <i>() () () <i>() () <i>() () <i>() () <i>() <i>() () <i>() <i>() () <i>() <i>() <i>() <i>() () <i>() <i>(,</i></i></i></i></i></i></i></i></i></i></i></i></i></i></i></i></i></i></i></i></i></i></i></i></i></i></i></i></i></i></i></i></i></i></i></i></i></i></i></i></i></i></i></i></i></i></i></i></i></i></i></i></i></i></i></i></i></i></i></i></i></i></i></i></i></i></i></i></i></i></i></i></i></i></i></i></i></i></i></i></i></i></i></i></i></i></i></i></i></i></i></i></i></i></i></i></i></i></i></i></i></i></i></i></i></i></i></i></i></i></i></i></i></i></i></i></i></i></i></i></i></i></i></i></i></i></i></i></i></i></i></i></i></i></i></i></i></i></i></i></i></i></i></i></i></i></i></i></i></i></i></i></i></i></i>	100		
	s attached, along wi cting date is 7-15-8		2-102.		
	Cont require		1 JICIBA	5	
35' 0+	Can't require	o qot no y	,		
18. I hereby certify,	but the foregoing is true and con	rect			
SIGNED	May L. Welker		roleum Engr.	DATE	27-8/
(This space for F	ederal or State office use)			I APPROV	/ED
APPROVED BY _		TITLE		(ORIG. DSG.) KAREN	F Savient
CONDITIONS OF	APPROVAL, IF ANY:				
				.UIN 1 1	981 123

*See Instructions on Reverse Side

JAMES A. GILLHAM DISTRICT SUPERVISOR