Form 9-331 (May 1963)	U. TED STATESH CON . DEUBNOTH TRI LICATE. OCHER Instructions on re-		ATE.	Form approved. Budget Bureau No. 42-R1424.		
DEPARTMENT OF IMPLICATION Verse side)			5. LEASE	1.	AND SERIAL NO.	
GEOLOGICALHSBROENEW MEXICO 88240				4667		
SUNDRY NOTICES AND REPORTS ON WELLS (Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use "APPLICATION FOR PERMIT—" for such proposals.) 1. OIL				IAN, ALLOTTE	E OR THIBE NAME	
				=	i ji ili ili ili ili ili ili ili ili ili	
				GREEMENT NA	AMB.	
				S. FARM OR LEASE NAME		
				3. ADDRESS OF OPERATOR		
Post Office Box 10426 Midland, Texas 79702 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*					<u> </u>	
See also space 17 below.) At surface	on clearly and in accordance with	a any State requirements.	10. FIELD	AND POOL, O	R WILDCAT	
000 707 0 ((0 777 0 7				Langlie Mattix 11. SEC., T., B., M., OR BLK. AND		
				SURVEY OR AREA Sec. 33, T-25-S, R-37-E		
SW/4 SW/4			sec.	33, 1-23	0-8°, K-3/−E	
14. PERMIT NO.	15. ELEVATIONS (Show wheth	her DF, RT, GR, etc.)	12. COUNT	Y OR PARISH	13. STATE	
	3017.5 D.F.		Lea	a	: NM	
6. Check	Appropriate Box To Indica	te Nature of Notice, Report, c	or Other Data		•	
NOTICE OF IN			SEQUENT REPORT		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
TEST WATER SHUT-OFF	PULL OR ALTER CASING				#	
FRACTURE TREAT	MULTIPLE COMPLETE	WATER SHUT-OFF FRACTURE TREATMENT		REPAIRING W		
SHOOT OR ACIDIZE	ABANDON*	SHOOTING OR ACIDIZING		ABANDONMEN		
REPAIR WELL	CHANGE PLANS	(Other) Change of	f Operator	<u>r</u> -	X	
(Other)		(Note: Report res Completion or Reco	uilts of multiple	completion o	n Well	
I hereby certify that the foregoing SIGNED Carry C. (This space for Federal or State of APPROVED BY ACCEPTED FOONDITIONS OF APPROVAL, 17	Mecune TITLE	Engineer	DATE DATE		, 1985	
A.	(i)		· · · · · · · · · · · · · · · · · · ·	la å	- 1 등 표 - <u>1</u> 판물	
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*See Instructions on Reverse Side

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