COPY TO O. C. C.

Form approved. Budget Bureau No. 42-R1424.

IPLIC ons o	A1	I
ō	ns (ns on

	Buaget				
LEASE	DESIGN	ATION	AND	SERIAL	NO.

Form 9-331 (May 1962)	UNITED ATES DEPARTMENT OF THE INTER GEOLOGICAL SURVEY		LC-069052 6. IF INDIAN, ALLOTTEE OR TRIBE NAME
(Do not	SUNDRY NOTICES AND REPORTS use this form for proposals to drill or to deepen or plug Use "APPLICATION FOR PERMIT—" for supplied to the supplie	TE TO TE TO TE	7. UNIT AGREEMENT NAME
3 ADDRESS OF	Of Like 20th	JAN 8 1979 JAN 8 1979 S. GEOLOGICAL SURVEY HOBBS, NEW MEXICO	S. FARM OR LEASE NAME Elliott 31 Federal 9. WELL NO.
P.O. Bo Location of See also spa At surface	Ox 2267, Midland, Texas 79702 WELL (Report location clearly and in accordance with an accept 17 below.) NL & 990' FEL of Sec. 31	y State requirements.*	Dollarhide (Devonian) 11. SEC., T., B., M., OS BLK. AND SURVEY OR AREA
14. PERMIT NO.	3126 CR		Sec. 31 T-24-S, R-38-E 12. COUNTY OR PARISH 13. STATE Lea NM
16.	Check Appropriate Box To Indicate NOTICE OF INTENTION TO: PULL OR ALTER CASING PULL OR ALTER CASING	Nature of Notice, Report, or Subsection WATER SHUT-OFF FRACTURE TREATMENT	Other Data QUENT REPORT OF: REPAIRING WELL ALTERING CASING
FRACTURE SHOOT OR	ACIDIZE MULTIPLE COMPLETE ABANDON* CHANGE PLANS	SHOOTING OR ACIDIZING (Other) (Note: Report resul	ts of multiple completion on Well apletion Report and Log form.) es, including estimated date of starting any lical depths for all markers and zones perti-

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Plug back from Ellenburger & Fusselman, locate & Proposed Operation: repair csg. leak & recomplete in the Devonian.

- Set CIBP @ 9985 & cap w/35' cement.
- Set CIBP @ 8500 & cap w/35' cement.
- Locate suspected casing leak (Csg. inspection log & possible packer & BP)
- Repair casing (squeeze) or pull & replace bad casing depending on log information.
- Perforate and complete in Devonian at approx. 7550'-7620'.

18. I hereby certify that the foregoing is true and correct	Regulatory Clerk DATE 1-4-79
SIGNED Betty A. Gildon	OVED
(This space for Federal or State office use) TITLE	DATE
APPROVED BYCONDITIONS OF APPROVAL, IF ANY:	IAN 8 1979
*See Instruc	ctions on Reverse Side ACTING DISTRICT ENGINEER

ELLIOTT 31 FEDERAL #1-A LEA COUNTY, NEW MEXICO

