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14. PERMIT NO. 15. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data NOTICE OF INVENTION TO: TEST WATER SHUT-OFF PRACTURE THEAT SHOOT OR ACTORIZE CHANGE PLANS COMPLETED OF Recommended the of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and solves purposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and solves purposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and solves purposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and solves purposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and solves purposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and solves purposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and solves purposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and solves purposed work. If we recommended and true vertical depths for all markers and solves purposed and true vertical depths for all markers and solves purposed and true vertical depths for all markers and solves purposed and true vertical depths for all markers and solves purposed and true vertical depths for all markers and true vertical depths for all markers and true vertical depths for all markers and true verti	See also space 17 belo	w.)		LONGLIE MOTTIX
NOTICE OF INTENTION TO: TEST WATER SHUT-OFF FRACTURE TREAT NHOOT OR ACIDIZE ABANDON* (Other) TO DESCRIPE PROPERTY OF A STATIONS (Clearly state all pertinent details, and gree pertinent Report and Log form.) TO DESCRIPE PROPERTY OF A STATIONS (Clearly state all pertinent details, and measured and true vertical depths for all markers and sonce pertinent to this work.)* WATER SHUT-OFF FRACTURE TREAT ABANDON** (Other) WATER SHUT-OFF FRACTURE TREATMENT ARANDONMENT ABANDONMENT ABANDONMEN	14. PERMIT NO.	15. ELEVATIONS (Shows a second	w whether DF, RT, GR, etc.)	12. COUNTY OF PARISH 13. STATE
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GONDETIONS OF APPROVAL, IF ANY: 014- USGS- H 1- DIV 1- 506 P

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(This space for Federal or State office use)

*See Instructions on Reverse \$ide

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OLL CONSERVATION COMM. HOBBS, N. M.