CODY		CODA	Ldoo Adoo) Auto
	Form 9-331 (May 1963)	UNITED STATES DEPARTMENT OF THE INTE GEOLOGICAL SURVEY	SUBMIT IN TRIPLICATES	Form approved. Budget Bureau No. 42-R1424. 5. LEASE DESIGNATION AND SERIAL NO.
	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.)			6. IF INDIAN, ALEOTTEE OR TRIBE NAME
	OIL GAS WELL 2. NAM OF OPERATOR	/)	0	7. UNIT AGREEMENT NAME SOUTH MATTIX UNIT 8. FARM OR LEASE NAME
	2. ADDRESS OF OPERA 1304 68 4. LOCATION OF WELL	rerican Fitro leun Hobbs N.M. (Report location clearly the University)	88240	9. WELL NO. 2
		(Report location clearly and in accordance with a lelow.)	<i>c</i>	10. FIELD AND POOL, OR WILDCAT FOULER ELLENBURGER 11. SEC., T., E., M., OR BLK. AND SURVEY OR AREA
	14. PERMIT NO.	15. ELEVATIONS (Show whether 32.76 RD		15-24-37 N. M. PM 12. COUNTY OR PARISH 13. STATE
	16.	Check Appropriate Box To Indicate	1	ther Data
	TEST WATER SHUT FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (Other)	MULTIPLE COMPLETE ABANDON* CHANGE PLANS	WATER SHUT-OFF FRACTURE TREATMENT SHOOTING OR ACIDIZING (Other) (NOTE: Report results Completion or Recomple	ALTERING CASING ABANDONMENT* of multiple completion on Well tion Report and Log form.)
	A COLOR WOLL	OR COMPLETED OPERATIONS (Clearly state all pertinif well is directionally drilled, give subsurface loss.) TD-10305, PBP-112 ORdance with Fa	ent details; and give pertinent dates, cations and measured and true vertical 7" CSA /C	including estimated date of starting any depths for all markers and zones perti-
	remedi Drie	ed work was led out to 1/243, whereal	serformed a Rejarated 5 10,206-24 8	a follows: auditional
	u/2 Resi	ISPA and acid	ized w/ 2000 ction.	gallons.
	Before re	airs-Pmp 21 BO "- Pmp 20 BO	X 43 BW-24- X199 BW-24-	Resident to the second
	OC-3-18-6 Comp-4-19			nal formy ob- object to two or both sections of both sections of that offers for numbers for the stronger for the stronger for the stronger for the stronger for the stronger for the stronger for
·	18. I hereby certify tha		Vrea Sups	DATE 4-19-65
(0+13) 0+4- USG	APPROVED BY	eral or State office use) TITLE PPROVAL, IF ANY:		DATE
C-Cono C-Ten	000		AP	PROVED

*See Instructions on Reverse Side

APR 21 1965

J. L. GORDON ACTING DISTRICT ENGINEER