		-64	<b>Ens.</b> -	1-1-1-1	,
Form 9-331 (May 1963)	VITED STATES SUBMIT IN IPLICATE ON ON THE			Form approved. Budget hureap No. 42-R1424	
	DEPAR	TMENT OF THE INTER	į	5. LEARE DESIGNATION AND SERIAL NO	
		0. IF INDIAN, ALLOTTER OR TRIBE HAME			
		OTICES AND REPORTS			
(Do not us	e this form for pro Use "APPL				
1	A.B. [5]	7. UNIT AGREEMENT NAME			
WELL W	ELL XX OTHER			8. FARM OR LEASE NAME	
2. NAME OF OPERA		T CODDODATION	ELV 10 1960	Llano McKay Federal	
3. ADDRESS OF OPI		T CORPORATION	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	9. WELL NO.	
9720 B Car	ndelaria, N	E, Albuquerque, NM 87	112 AATEMA, ORME	1	· ·
4. LOCATION OF WI See also space	FLL (Report location	10. FIELD AND HOOL, OR WILDCAT			
At surface		/ / o		Undes / Morrow	
660' FNL & 660' FWL				SURVET OR AREA	
			$l \sim \epsilon$	Sec. 13, T1	9S, R31E, NM
14. PERMIT NO		16. ELEVATIONS (Show whether	DF, RT, GR, etc.)	12. COUNTY OR PARIS	BH 18. STATE
,		3540 GL		Eddy	MM
16.	Check	Appropriate Box To Indicate	Nature of Notice, Report, or	Other Data	:
	NOTICE OF IN	TENTION TO:	SUBSE	QUENT REPORT OF:	
TEST WATER S	HDT-OFF	PULL OR ALTER CASING	WATER SHUT-OFF	REPAIRING	WELL
FRACTURE TREAT MULTIPLE COMPLETE		MULTIPLE COMPLETE	FRACTURE TREATMENT	ALTERING	CABING
SHOOT OR ACII	DIZE	ABANDON*	BRIGIDISA NO BRITOORS	ABANDONM	ENT.
REPAIR WELL CHANGE PLANS				ts of multiple completio	
(Other)	SED OR COMPLETED	OPERATIONS (Clearly state all pertin	out details and give pertinent date	s, including estimated d	ate of starting any
proposed wo nent to this	rk. II well is dir	ectionally drilled, give aubaurface lo	cations and measured and true verti	cal depths for all mark	ers and sones perti-
1-13-80 P.	lugged and .	Abandoned		· ·	-
	et cement p				
1950-2050 with 90 sx. 790-890 with 90 sx.				ř .	<u>-</u>
	513-613 wi			· •	7 • . <del>7</del> •
	0 sx. to su				± .
			PF	CEIVED	-
			1 1		
			M	AY 1.9 1980	
			••••	•	
				ULUGICAL SURVEY	**************************************
			AKIE	SIA, NEW MEXICO	
					: <u> </u>
Ť					원 출 강 <del>(독</del> ) 중 경
					사 등 등 1000 (1) 기사 등 1000 (1)
18. I hereby certif	h that, the foregoi	ng is true and correct			

TITLE .

TITLE .

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_\_\_ CONDITIONS OF APPROVAL, IF ANY:

DATE 1-14-80

DATE