Form 9-331 (May 1963)	U 'ED DEPARTMENT O		SUBMIT IN TR (Other instructi verse side)	II .TE	Form a Budget 5. LEASE DESIGNA	Bureau No.	
GEOLOGICAL SURVEY					14-20-603-2027		
	ORY NOTICES AN			voir.	6. IF INDIAN, ALL		IBE NAME
1. OIL GAS WELL OTHER					Navasjos 7. Unit Achtemen	II I UCI	
2. NAME OF OPERATOR		_		-	8. FARM OR LEASI		
3. Address of OPERATOR					9. WELL NO.	2 U	.3
1249 Chaco Ave. Farmington, New Mexico 87401 4. Location of Well (Report location clearly and in accordance with any State requirements.* At surface At surface					10. FIELDCAND POO	1 1	CAT
265'fsl, 1485'fel					Slick Roc 11. sec., T., R. M. SUBVEY OR	OR BLK. ANI	ota Lis
3004520432					36. 30N	17W	161
14. PERMIT NO. 15. ELEVATIONS (Show w			,,,		12. COUNTY OR P	· La	3 34
16.	Check Appropriate	-)33 Natura of Nation Po		San Juana San Juana	<u> </u>	V=Mex
NO	TICE OF INTENTION TO:	box to malcale t	dilite of Nonce, Ke		ner Data	pagin	4137 (124)
TEST WATER SHUT-OFF	PULL OR ALTE	CR CASING	WATER SHUT-OFF		EREPAIR	NG WELL	
FRACTURE TREAT	MULTIPLE COI	MPLETE	· FRACTURE TREAT	MENT	ZALTERII	اذ اک≱ رسب	9 :
SHOOT OR ACIDIZE	ABANDON*	_	SHOOTING OR ACI	Surface	aBANDO	NMENT*	V
REPAIR WELL (Other)	CHANGE PLAN		(Other)(Note: Rep	ort results of	multiple complet on Report and Lo	don on Well	<u>♠</u> 1. , 5 5
17. DESCRIBE PROPOSED OR Coproposed work. If	COMPLETED OPERATIONS (Clevell is directionally drilled.	arly state all pertinen	4 3 4 43 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		· 1. 2	35	rting any
nent to this work.) *	ompleted operations (clevell is directionally drilled,		mons and measured and				
×					the same	1 4 2	11 11 12 12 12 12 12 12 12 12 12 12 12 1
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				PAKIMIN	2	es de e un e un e un e un e un e un e un e u	jr 3 m
					of pales	e are du tar lar	
18. I hereby certify that the Original Si	e foregoing is true and cor	rect			St. Jones		ē s
SIGNED CLAUDE		TITLE	Operator		DATE 3=	17-196	9=
(This space for Federal				<u></u>	September 1	19.00	
APPROVED BY	LOWAY TO A SECTION	TITLE	·		DATE ***	(a) come a de la	
CONDITIONS OF APPE	CUVAL, IE' ANY:				Trans.	# 7 T	