Form 9-331 (May 1997)	DEPARTM	INITED STATES ENT OF THE II	NTERIO	SUBMIT IN T Other instru R verse side)	FROTTLACATES etions on re-	5. Levisions NM=081	208	No. 42-R1424. No. Serial No.
S cho not use		CES AND REPO	or other back	: to a different re	servoir,		, , , , , , , , , , , , , , , , , , ,	OR THIME NAME
2. NAME OF OPERAT		Water Injectio	n Well			South H	lospah Ui	nit
4. LOCATION OF WE See also space 1	oln St., Suite oln St., Suite on (Report location clo of below.)	2 1200, Denver, arly and in accordance	with any St	ite requirements.		11. SEC., T.,	NT FOOL, OR lospah G	allup
14. PERMIT NO.		15. ELEVATIONS (Show to	whether DF, R1			Sec. 12 12. COUNTY McKinley		R9W 13. STATE New Mexico
TEST WATER ST FRACTURE TREASURED TO ACID REPAIR WELL (Other) 17. DESCRIBE PROPORTION OF THE PROPOSED WOR nent to this w	NOTICE OF INTENT	propriate Box To Inc. tion to: till or alter casing fulliple complete Bandon* Hange Plans eations (Clearly state a nally drilled, give subsu		WATER SHUT FRACTURE TE SHOOTING OR (Other) (Note: Comple	SURSEQ	S of multiple collection Report	REPAIRING WE ALTERING CAS REANDONMENT Completion of Sand Log form	a Well
10/1 - 3	LO/2/77 Clean Flowe	ed out using NO d well to clear)WSCO tb 1 up. P	g reel w/so laced on in	olvent and njection.	d acid was	sh.	
	Injec Injec	tion rate after tion rate prion	· workov · to wor		000 BPD at 890 BPD at	_		
		.·			(0	007 17 L COM O	1977	•



18. I hereby certify that the foregoing is true and correct		/ iii	
18. Thereby certify that the foregoing is true and correct SIGNED . My 12.	TITLE Div. Production Manager	DATE 10-5-29	
(This space for l'ederal of State office use)			
(This space for 1 coerai or State outce use)		E 511	
APPROVED BY	TITLE	DATE	
CONDITIONS OF APPROVAL, IF ANY:	4. 4.	The state of the s	

NECEIVED

*See Instructions on Reverse Side

OCT 1 1 1977