Form	9-331
(Mov	1963)

## UNITED STATES UNITED STATES SUBMIT IN TRIPLICATE\* DEPARTMENT OF THE INTERIOR (Other instructions on re-

Form approved. Budget Bureau No. 42-R1424. 5. LEASE DESIGNATION AND SERIAL NO.

## NOO-C-14-20-5528 6. IF INDIAN, ALLOTTEE OR TRIBE NAME

GEO	LOG	ICAL	SUF	RVEY

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INIDBA	NOTICES	REPORTS	ON	WELL	C

(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.)

NAVAJO ALIOTTED

1.	OIL X GAS OTHER Re-Entry	7. UNIT AGREEMENT NAME
2.	NAME OF OPERATOR	8. FARM OR LEASE NAME
	James L. Ludwick	$\sim$ indian $17$
3.	ADDRESS OF OPERATOR P.O. Box 70	9. WELL NO.
	Farmington, New Mexico 87401	1.40
4.	LOCATION OF WELL (Report location clearly and in accordance with any State requirements.  See also space 17 below.)  At surface  430 FNL 430 FWL	10. FIELD AND POOL, OR WILDCAT WILDCAT
	A Mar 1	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
		Sec. 17, T19N, R5W
14.	PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, CR, etc.)	12. COUNTY OR PARISH 13. STATE
	((2), 0	Makinlay New Max

16.

NOTICE OF INTENTION TO:  TEST WATER SHUT-OFF  PULL OR ALTER CASING  WATER SHUT-OFF  FRACTURE TREAT  MULTIPLE COMPLETE  SHOOT OR ACIDIZE  ABANDON®  ABANDON®  ABANDON®  WATER SHUT-OFF  REPAIBING WELL  FRACTURE TREATMENT  SHOOTING OR ACIDIZING  ABANDONMENT®  WATER SHUT-OFF  REPAIBING WELL  ABANDONMENT®  WATER SHUT-OFF  SHOOTING OR ACIDIZING  ABANDONMENT®	Check Appropriate box to malcule readility of Honce, Report, of Office bold				
FRACTURE TREAT  MULTIPLE COMPLETE  FRACTURE TREATMENT  SHOOT OR ACIDIZE  ABANDON*  SHOOTING OR ACIDIZING  ABANDONMENT*	NOTICE OF INTENTION TO:			SUBSEQUEN	T REPORT OF:
	FRACTURE TREAT	MULTIPLE COMPLETE		FRACTURE TREATMENT SHOOTING OR ACIDIZING	ALTERING CASING ABANDONMENT*
CHANGE PLANS  (Other)  CHANGE PLANS  (Other)  Completion  (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)		CHANGE PLANS		(Norg: Report results of	multiple completion on Well

17. DESCRIBE PROPOSED OF COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.) \*

OTD 1949' Re-Spud 7-18-1983 Drill Out Surface Plugs and Plug @ 1100-1300. 7-19-83 CO to PB 1910', Old Prod Zone 1885-1900, Tested Dry, Re-Perf 1spf 1875-1900, Tested 2 BOPD, 20 BWPD, 20 MCF.

OIL CON. DIV.

SIGNED SIGNED	True and correct TITLE Agent	DATE 8-1-1983
(This space for Federal or State oil	dy map)	MOST IED TOTT THEODIES
APPROVED BY	TITLE	DATE
		AUG 2 2 1983

\*See Instructions on Reverse Side

**FARMINGTON RESOURCE AREA** FARMINGTON, NEW MEXICO

NMOCG