Form 9-331

## **HNITED STATES**

SUBMIT IN TRIPLICATE\*

Form approved. Budget Bureau No. 42-R1424

DATE \_

(May 1963)	DEPARTMENT OF THE INTERIOR (Other Instructions on re- GEOLOGICAL SURVEY				3. LEASE DESIGNATION AND SERIAL SO.	
						USA-M4-8270
	UNDRY NC this form for pro Use "APPL	6. IF INDIAN, ALLOTT	6. IF INDIAN, ALLOTTEE OR TRIBE NAME			
1. OIL [7] GA	s []	7. UNIT AGREEMENT	7. UNIT AGREEMENT NAME			
WELL LA WE	SLL L OTHER	S MADA OD TRASE S	8. FARM OR LEASE NAME			
2. NAME OF OPERAT	or Oil Compa		Hotchkiss-Fed			
3. ADDRESS OF OPE		9. WELL NO.				
Suite ]	L200 Lincol	1	a fr The state			
See also space 1 At surface			10. FIELD AND POOL, OR WILDCAT Undesignated Dakota			
2265	/\$ 330 F/IL, <del>990</del> '	11. SEC., T., R., M., O	11. SEC., T., E., M., OR BLK. AND SURVEY OR AREA			
3000' I	F/IIL, <del>990</del> '	1 ·	Sec. 2, T17N, R9W			
14. PERMIT NO.	14. PERMIT NO.   15. ELEVATIONS (Show whether DF, RT, CR, etc.)					SH 13. STATE
		6949 GR			McKinl.ey	New Mexic
16.	Check	Appropriate Box To I	ndicate Na	ture of Notice, Report, or	Other Data	
	NOTICE OF IN	TENTION TO:		SUBS	QUENT REPORT OF:	·
TEST WATER SE	HUT-OFF	PULL OR ALTER CASING		WATER SHUT-OFF	X REPAIRING	3 WELL
FRACTURE TREA	т	MULTIPLE COMPLETE		FRACTURE TREATMENT	ALTERING	CASING
SHOOT OR ACIDI	12E	ABANDON*		SHOOTING OR ACIDIZING	ABANDONS	IENT*
REPAIR WELL		CHANCE PLANS	_	(Other)(Note: Report result	its of multiple completion	on on Well
(Other)		anno manya (Olember atuta	all months out	Completion or Recon	apletion Report and Log	form.)
17. DESCRIBE PROPOS proposed wor nent to this w	k. If well is dire	OPERATIONS (Clearly state actionally drilled, give subs	an pertinent urface locatio	details, and give pertinent dat ns and measured and true vert	cical depths for all mark	ers and zones perti-
cemented wir	th 45 sacks	circulated. D	rilled o	5/8" $24$ # J-55 casiout with $7-7/8$ " holou, cemented with	.e to 2890', lo	6', gged,
Weiting on	completion	rig as of 12/2/	69.	5. 7.		
warozng on	COMPTCOTON		·			
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		/ FIF	TIME	1:7	pt - 7 1903 - 1	
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		DEC	8 1969	9		
		1	CON. COI	1		
		· · · · · · · · · · · · · · · · · · ·				
			DIST. 3			
18. I hereby certify		ng is true and correct				
SIGNED	201.0	and T	Sr.	Production Clerk	DATE 12-	-3-69

TITLE \_

(This space for Federal or State office use)