(November 1983) (Formerly 9–331) UNITED STATES OF THE PROPERTY OF THE PROPERT	THE INTERIOR (Other Instructions	ICATE* On re Expires August 31, 1985 5. LEASE DESIGNATION AND SERIAL NO NM 12335
SUNDRY NOTICES AND (Do not use this form for proposals to drill or to Use "APPLICATION FOR PER	REPORTS ON WELLS December of plug back to a different reservoire MIT—" for such proposals.)	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
OIL V GAS	90 JAN 18 PH 1:27	7. UNIT AGREEMENT NAME
WELL WELL OTHER 2. NAME OF OPERATOR		8. FARM OR LEASE NAME
Citation Oil & Gas Corp.		Lower Hospah
3. ADDRESS OF OPERATOR	0 13	9. WELL NO.
Suite 250 8223 Willow Place South 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface		10. FIELD AND POOL, OR WILDCAT
		Lower Hospah 4ANO
1700' FNL & 700' FWL		11. SEC., T., B., M., OR BLE. AND SURVEY OR AREA E-Sec 12-T17N-R9W
14. PERMIT NO. 15. ELEVATIONS	(Show whether DF, RT, GR, etc.)	12. COUNTY OR PARISH 13. STATE
7088	K.B. 70 75 61	McKinley NM
16. Check Appropriate Box	To Indicate Nature of Notice, Repo	t, or Other Data
NOTICE OF INTENTION TO:	1	SUBSEQUENT REPORT OF:
TEST WATER SHUT-OFF PULL, OR ALTER C	ASING WATER SHUT-OFF	REPAIRING WELL
FRACTURE TREAT MULTIPLE COMPLI	TE FRACTUBE TREATMEN	T ALTERING CASING
SHOUT OR ACIDIZE ABANDON®	SHOOTING OR ACIDIZ	
REPAIR WELL CHANGE PLANS (Other)	(Note: Report	n well to production results of multiple completion on Well
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly proposed work. If well is directionally drilled, givenent to this work.) •	state all pertinent details, and give pertinen	Recompletion Report and Log form.) t dates, including estimated date of starting any vertical depths for all markers and zones perti-
A 95 stg. 30 hp. submersible production on 3/30/89. It is Lower Hospah formation.		
18. I hereby certify that the foregoing is true and correct	TITLE AREA PROD SUPT	- ACCEPTE Z-R2 R 9 /20000
SIGNED SULLING . I AMC	TITLE MKEA IROO OUP	A STATE I SUCTOR A TEXT A STATE OF THE STATE
(This space f∳r Federal or State office use)		# ¹ ##< ±
APPROVED BY	TITLE	DATE
	NMOCO	Manington Regional Mich

*See Instructions on Reverse Side