Form 9-331 (May 1963)

UNITED STATES SUBMIT IN TRIPLICATE.

Form approved. Budget Bureau No. 42-R1424.

DEPARTMENT OF THE INTERIOR (Other Instructions on re-					NATION AND SERIAL NO.
	RY NOTICES AN	D REPORTS	ON WELLS back to a different reservoir. proposals.)	6. IF INDIAN, A	LLOTTEE OR TEIBE NAME
I. OIL GAS WELL OTHER P & A					ENT NAME
2. NAME OF OPERATOR Northern Minerals, Inc.,					SE NAME
3. ADDRESS OF OPERATOR	ern minerarb,	7110.9		Federa	<u> </u>
P. 0.	Box 2182, San	nta Fe, No	ew Mexico 87501	4	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660/FNL & 660/FWL of Section					t
					M., OR BLK. AND OR AREA 6N-R8W NMPM
14. PERMIT NO.	15. BLEVATIO	ONS (Show whether	DF, RT, GR, etc.)	12. COUNTY OR MCKinle	y New Mexi
16.	Check Appropriate B	ox To Indicate	Nature of Notice, Report,	or Other Data	
No	TICE OF INTENTION TO:		je je	BSEQUENT REPORT OF:	
TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (Other)	PULL OR ALTER MULTIPLE COM ABANDON* CHANGE PLANS	PLETE .	WATER SHUT-OFF FRACTURE TREATMENT SHOOTING OR ACIDIZING (Other) (NOTE: Report r Completion or Re	ALTE	DIRING WELL CRING CASING DONMENT* Dietion on Well Log form.)
This well plugs were	e set at the f 100' plug a 150' plug a	ollowing cross Dak cross Mas cross Poi	ota "D" 2350-149 sive Gallup 1350 nt Lookout 150-	50 ' 0 - 1500 '	nent
A dry hole restored.	e marker will	be erecte	d, the pits fil	led and the	location
	/ Fr	TITE			
	SEP	1 2 1973		FP 1 2 1073	
	OIL CO	ON. COM.	G. S.3		
18. I hereby certify that the	ne foregoing is true and Od	ST. 3			
SIGNED Llayo	Leculation	TITLE	President	DATE	9-11-73
(This space for Federa	l or State office use)				
APPROVED BYCONDITIONS OF APP	ROVAL, IF ANY:	TITLE		DATE	