Form 9-331 (May 1963)	UNITED STATES SUBMIT IN TRIPLICATE* DEPARTMENT OF THE INTERIOR (Other instructions on re- verse side) GEOLOGICAL SURVEY				Form approved. Budget Bureau No. 42-R1424. 5. LEASE DESIGNATION AND SERIAL NO. NM-21452 6. IF INDIAN, ALLOTTEE OR TRIBE NAME			
SUNDRY NOTICES AND REPORTS ON WELLS								
	his form for propos	CES AND REPC als to drill or to deepen TION FOR PERMIT—"	or plug bac	k to a different reservo	ir.			
1. OIL GAS OTHER						7. UNIT AGREEMENT NAME		
2. NAME OF OPERATOR						8. FARM OR LEASE NAME Panos		
Gulf Oil Corporation 3. ADDRESS OF OPERATOR						Investment Company "D" Fe		
Box 670 Hobbs, NM 88240						1		
 LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 						Undesignated Entrada 11. SEC., T., R., M., OR BLK. AND		
2310' FSL & 3	1980' FEL, S	ection 21, T-2	0-N, R-	5-W		· SURVEY OR ARE		
14. PERMIT NO.		15, ELEVATIONS (Show	whether DF, R'	r, GR, etc.)		Sec. 21, T-2	U-N, R-5-W	
		6777 '	GL			McKinley	NM	
16.	Check An	propriate Box To Inc		ure of Notice Ren	ort or O		1 1111	
	NOTICE OF INTEN			ore or morrice, mep		ENT REPORT OF:		
TEST WATER SHU		anan a.a [XX	1		
FRACTURE TREAT		ULL OR ALTER CASING	-	WATER SHUT-OFF FRACTURE TREATME		REPAIRING ALTERING O]	
SHOOT OR ACIDIZE	[]	BANDON*	-	SHOOTING OR ACID		ABANDONME		
REPAIR WELL		HANGE PLANS		(Other)	L	ADANDONAL		
(Other)				(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)				
Drilled 8 3/4 3:25 AM 6-22- 2 hour FSI. 1	4" hole to 6 -77 with goo	000' complete de blow 15 min. P 264-397, ISI water. No ind	6-22-77 1 hou P 2371 F	s and measured and tr DST #1 5876' IT ISI - 1 hou FHP 2804. FFP	- 589 r FF w 397-22	6', tool open ith strong blo	s and zones perti- at	
2022.								
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							•	
							,	
						• 6		
				i de la companya de l				
				The state of the s				
18. I hereby certify th	T. Bun V.M.	true and correct						



DATE _

TITLE _

(This space for Federal or State office use)

APPROVED BY _______ CONDITIONS OF APPROVAL, IF ANY: