Form 9-331 (May 1963)	DEPARTMENT OF THE INTERIOR (Other instruc			PLICATE* Form approved. Budget Bureau No. 42-R1424. 5. LEASE DESIGNATION AND SERIAL NO.		
		AL SURVEY			ontract 396	
SUN (Do not use this	JDRY NOTICES AN s form for proposals to drill o Use "APPLICATION FOR P	D REPORTS ON r to deepen or plug back	WELLS to a different reserv		IF INDIAN, ALLOTTEE (OR TRIBE NAME
1.	Use "APPLICATION FOR P	ERMIT—" for such propo	sals.)		carilla Ap	
OIL GAS WELL	OTHER	·		,,	DNIF AGREEMENT NAM	D.
2. NAME OF OPERATOR					8. FARM OR LEASE NAME	
Jack A. Cole 3. ADDRESS OF OPERATOR					Apache Hills	
P. O. Box 191, Farmington, New Mexico 87401					ABBI NO.	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface					FIELD AND POOL, OR	WILDCAT
990/S and 790/W Sec. 7-T23N-R3W					Wildcat 11. SEC., T., R., M., OR BLK. AND	
223,	z ana 7507 N Bee	/-125N-R5W	,		SURVEY OR AREA	I. AND
14. PERMIT NO.	15 ETPUATTO	ons (Show whether DF, RT,		Se	c. 7-T23N-	R3W
	IV, SALVAIN	7558 KB	ur, etc.)			13. STATE
16.	Check Appropriate B	ox To Indicate Natu	ra of Notice Par		o Arriba Deta	N. M.
	NOTICE OF INTENTION TO:	in to material (4)	re or radice, kep	subsequent i		
TEST WATER SHUT-O	FF PULL OR ALTER	CASING	WATER SHUT-OFF		REPAIRING WEI	. —
FRACTURE TREAT	MULTIPLE COM	PLETE	FRACTURE TREATM	ENT	ALTERING CASI	·
SHOOT OR ACIDIZE	ABANDON*		SHOOTING OR ACID		ABANDONMENT*	•
(Other)	CHANGE PLANS		(Other) Runn (Note: Repo	art regults of my	altinia completion en	Well
17. DESCRIBE PROPOSED OF proposed work. If	COMPLETED OPERATIONS (Clear well is directionally drilled,	rly state all pertinent des	tails, and give pertin	ent dates, include	Report and Log form, ding estimated date o) of starting any
with 100 sa	ll 2-20-78. Seacks. Drilled ed 4½", 10.5 lb weather to com	7 7/8" hole . casing at	to T.D. of	3427'.	Ran logs	
				,		*
			<i>p</i> .			
8. I hereby certify that	he foregoing is true and corr					
SIGNED	CAGCOCE	Opera	tor		DATE March 1	0, 1978
(This space for Feder	al or State office use)					
APPROVED BY		_ TITLE			ar eiv	I E IM
CONDITIONS OF AP	PROVAL, IF ANY:			1) = v = u v	
					MAR 1 3 197	78
					INITIAL TO 101	•

*See Instructions on Reverse Side

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