Form 9-331 (May 1963)	UNITED STATES SUBMIT IN TRIPLICATED DEPARTMENT OF THE INTERIOR (Other instructions on reverse side)			Form approved. Budget Bureau No. 42-R1424.  5. LEASE DESIGNATION AND SERIAL NO.	
	G	EOLOGICAL SURVEY		Nat 05,96823-A	
SUNDRY NOTICES AND REPORTS ON WELLS  (Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.  Use "APPLICATION FOR PERMIT—" for such proposals.)				6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
1.				7. UNIT AGREEMENT NAME	
WELL	GAS OTHER	ildcat		None	
2. NAME OF OPERATOR				8. FARM OR LEASE NAME	
REESE & RIMAG. THO.				Noese w Roark, Inc.	
3. ADDRESS OF OPERATOR				9. WHILE NO.	
336 Korber Suitding, Albuquerque, New Mexico 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*				10. FIELD AND POOL, OR WILDCAT	
See also space 17 below.) At surface				dildest	
1000 fn1, 1730 fel, Sec. 31, T 21 N, R 5 W				11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 31, T. 21, N., 12, C.	
14. PERMIT NO		15. ELEVATIONS (Show whether DF 5880 • 6.6	· · · · · · · · · · · · · · · · · · ·	12. COUNTY OR PARISH 13. ST	
16.		D. T. I. II N		<u> </u>	
10.		7	lature of Notice, Report, or C		
	NOTICE OF INTENT	ON TO:	SUBSEQ	JENT REPORT OF:	
TEST WAT	TER SHUT-OFF PO	LL OR ALTER CASING	WATER SHUT-OFF	REPAIRING WALL	
FRACTURE		ULTIPLE COMPLETE	FRACTURE TREATMENT	ALTERING CASING	<u>  </u>
SHOOT OR	<del></del>	AANDON*	SHOOTING OR ACIDIZING	ABANDONMENT*	
REPAIR W	ELL CI	IANGE PLANS		of multiple completion on Well letton Report and Log form.)	
proposed	l work. If well is direction this work.) *	ally drilled, give subsurface local  s. from 875 - 725 -	•	al depths for all markers and zo	nes perti-
		100 - 300 -	20 sks. req.		
		Surface mar	ker - 10 sks. req. 8	clean up location	
			·		
	Total depth	87 <sup></sup>			
	Ojo Alamo	314 - 100°			
	Pictured Cliffs	792 - 8311			
		, , , , , , , , , , , , , , , , , , ,			
	Plan to do work	about 1-12-67			
		JAN 1 9 1967 OIL CON. COM. DIST. 3	JAN 18 199 U. S. GEOLOGICAL	D 57 SURVEY	
18. I hereby c	ertify that the foregoing is	rue and correct	000		
SIGNED _	The te	TITLE	Leologist	DATE January 1:	3 <u>. 13</u> 67
(This space	ce for Federal or State office	use)			
APPROVE	ONS OF APPROVAL, IF AN	TITLE		DATE	