Form 9-331 (May 1963)	DEPARTM	INITED STATES IENT OF THE INTER EOLOGICAL SURVEY	SUBMIT IN TRIPLICATE• (Other instructions on re- verse side)	Form approved. Budget Bureau No. 42-R1424. 5. LEASE DESIGNATION AND SERIAL NO. NM - 7448			
(Do not	SUNDRY NOTION USE this form for proposa Use "APPLICA"	6. IF INDIAN, ALLOTTEE OR TRIBE NAME					
1.		7. UNIT AGREEMENT NAME					
OIL U	WELL XX OTHER	£ 42					
2. NAME OF OPE	CRATOR	8. FARM OR LEASE NAME					
Ве	enson Mineral Gr	Federal 15-21-2					
3. ADDRESS OF	OPERATOR	9. WELL NO.					
32	200 Anaconda Tow	1					
4. LOCATION OF	WELL (Report location cle	10. FIELD AND POOL, OR WILDCAT					
See also spac At surface	ce 17 below.)	Wildcat					
. 17	2001 EST 114	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA					
10)90' FSL and 116	Section 15-T21N-R2W					
		I de manage (Chamadadhan	n nn an ata)	12. COUNTY OR PARISH 13. STATE			
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.)					
•		7165' GR		Sandoval NM			
16.	Check App	propriate Box To Indicate 1	Nature of Notice, Report, or C	Other Data			
	NOTICE OF INTENT	UENT REPORT OF:					
TEST WATER	SHUT-OFF P	CLL OR ALTER CASING	WATER SHUT-OFF	REPAIRING WELL			
FRACTURE T		ULTIPLE COMPLETE	FRACTURE TREATMENT XX				
SHOOT OR A		BANDON*	SHOOTING OR ACIDIZING	ABANDONMENT*			
REPAIR WEL (Other)		of multiple completion on Well letion Report and Log form.)					
17. DESCRIBE PRO	work. If well is direction	ATIONS (Clearly state all pertinerally drilled, give subsurface located)	nt details, and give pertinent dates, ations and measured and true vertic	including estimated date of starting any all depths for all markers and zones perti-			
				. *			
	12 - 27-78:	6202-20 with 2 s	shots per foot. Frac v	Perforate 6188-6200; with 2000 gallon 2% KCl			

pad and 5000 gallons gel and 50,000# sand in 25,000 gallon

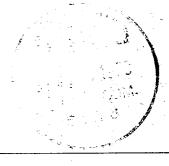
gel pad.

12-28-78: Land 2 3/8" tubing at 6203'. Swab.

12-29-78: Swab.

12-30-78: Swab.

12-31-78: Swab



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18. I hereby certify that the foregoing is true and correct SIGNED Faul C. Ellison	TITLE _	Production Manager	DATE	January	2, 19	79
(This space for Federal or State office use)						
APPROVED BYCONDITIONS OF APPROVAL, IF ANY:	TITLE _		DATE		17.	