MM

## UNITED STATES DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY

LEASE	
NM-5452	

	NM-545	2			
6.	IF INDIAN,	ALLOTTEE	OR	TRIBE	NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME Federal 17-22-6

10. FIELD OR WILDCAT NAME

6941 GR

Wildcat

9. WELL NO.

1

**AREA** 

14. API NO.

Sandoval

CHINDRY	NOTICES	AND	<b>REPORTS</b>	ON	WELLS
SHINISKY	MULLICES	MINU	REFUNIS	UIT	

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use Form 9–331–C for such proposals.)

gas well  $\overline{\mathbf{x}}$ other well

2. NAME OF OPERATOR

Integrated Energy Inc.

3. ADDRESS OF OPERATOR

REQUEST FOR APPROVAL TO: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE

PULL OR ALTER CASING MULTIPLE COMPLETE

(other) change of operator

REPAIR WELL

CHANGE ZONES ABANDON\*

P. O. Box 61585, Houston, TX 77208-9990

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 970' FSL & 820' FWL AT SURFACE:

AT TOP PROD. INTERVAL: same AT TOTAL DEPTH: same

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,

REPORT, OR OTHER DATA

SUBSEQUENT REPORT OF:

1

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

11. SEC., T., R., M., OR BLK. AND SURVEY OR

15. ELEVATIONS (SHOW DF, KDB, AND WD)

Section 17-T22N-R6W

12. COUNTY OR PARISH 13. STATE

B. GROWLD KINDS. FARISMOTON, R. M. A LIVEY

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

Designation of operator filed with Minerals Management Services



Set @ Subsurface Safety Valve: Manu. and Type 18. I hereby certify that the foregoing is true and correct TITLE Vice President (This space for Federal or State office use) DATE CONDITIONS OF APAGGEPIFEM FOR RECORD

APR 26 1982

\*See Instructions on Reverse Side

EARMINGTON DISTHICT

MMOCC