UNITED STATES

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 form 9-331-C for such proposals.) 1. oil gas well other 2. NAME OF OPERATOR 2. NAME OF OPERATOR 2. NAME OF OPERATOR 2. NAME OF OPERATOR 3. ADDRESS OF OPERATOR 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below). AT SURFACE: 1/20 FML dis 20 FEL AT TOP PROD. INTERVAL: AT TOTAL DEPTH: 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent data including estimated date of starting any proposed work. If well is directionally drilled, pive subsurface locations a measured and true vertical depths for all markers and zones pertinent to this work.)* 3. ADDRESS OF OPERATOR 2. NAME OF OPERATOR 3. ADDRESS OF OPERATOR 3. ADDRESS OF OPERATOR 4. API OR. 3. SEC. 12 T 25 N R-9M 12. COUNTY OR PARISH 13. STATE: 13. ELEVATIONS (SHOW DF, KDB, AND W FRACTIONS) 14. API NO. 15. ELEVATIONS (SHOW DF, KDB, AND W FRACTIONS) (ADTE: Report results of multiple completion or zo change on form 9-330.) 3. ADDRESS OF OPERATOR 4. API NO. 3. ADDRESS OF OPERATOR 15. ELEVATIONS (SHOW DF, KDB, AND W FRACTIONS) (ADTE: Report results of multiple completion or zo change on form 9-330.) 3. ADDRESS OF OPERATOR 4. API NO. 3. ADDRESS OF OPERATOR 4. API NO. 4. API NO. 4. API NO. 5. ELEVATIONS (SHOW DF, KDB, AND W FRACTIONS) (ADTE Report results of multiple completion or zo change on form 9-330.) 4. API NO. 5. ELEVATIONS (SHOW DF, KDB, AND W FRACTIONS) (ADTE Report results of multiple completion or zo change on form 9-330.) 4. API NO. 5. ELEVATIONS (SHOW DF, KDB, AND W FRACTIONS) (ADTE Report results of multiple completion or zo change on form 9-330.) 4. API NO. 5. ELEVATIONS (SHOW DF, KDB, AND W FRACTIONS) (ADTE REPORT NAME 4. API NO. 5. ELEVATIONS (SHOW DF, KDB, AND W FRACTIONS) (ADTE REPOR	UNITED STATES DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY	5. LEASE Contract 121 6. IF INDIAN, ALLOTTEE OR TRIBE NAME
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REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: TEST WATER SHUT-OFF FRACTURE TREAT		15. ELEVATIONS (SHOW DF, KDB, AND WD)
Subsurface Safety Valve: Manu. and Type 18. I hereby certify that the foregoing is true-and-correct SIGNED TITLE Admin. Supervisor DATE (This space for Federal or State office use) APPROVED BY CONDITIONS OF APPROVAL, IF ANY:	TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE SHOOT OR ACIDIZE REPAIR WELL PULL OR ALTER CASING MULTIPLE COMPLETE CHANGE ZONES ABANDON* (other) spud well set surface csq. 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state including estimated date of starting any proposed work. If well is d measured and true vertical depths for all markers and zones pertinen MIRU & Spud well 6-2-80. Drilled to 36#, STBC csq., Set Q 276'. Cmt. Well WI additives. Circ. 20 666. cmt. to-su	(NOTE: Report results of multiple completion or zone change on Form 9-330.) book including side of the change on Form 9-330.) book included by a book of the change of the
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