Form 9-331 (May 1963)

UNITED STATES MENT OF THE INTERIOR SUBMIT IN TRIPLICATES (Other Instructions on reverse side)

Form approved.
Budget Burenn No. 42-R1424.
5. LEASE DESIGNATION AND SERIAL NO.

DATE __

MENI OF THE INTENTOR Verse side)	
GEOLOGICAL SURVEY	SF-079162

	EOLOGICAL SURVEY		SF-079162
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, ALLOTTEN OR TRIBE NAME	
1. OIL [] GAS []	Shut in		7. UNIT AGREEMENT NAME
WELL WELL X OTHER 2. NAME OF OPERATOR	Blide III		8. FARM OR LEASE NAME
			MKL
DEPCO, Inc.			9. WELL NO.
1025 Petroleum Club 4. LOCATION OF WELL (Report location el	Building, Denver	, co 80202	
4. LOCATION OF WELL (Report location el See also space 17 below.) At surface	early and in accordance with any S	tate requirements.	Blanco Mesaverde
990' FSL, 990' FWL			M, Sec. 5, T26N, R7W
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, I	RT, GR, etc.)	Rio Arriba NM
16. Check Ap	propriete Box To Indicate No	iture of Notice, Report, or	Other Data
NOTICE OF INTEN	TION TO:	SUBSE	QUENT REPORT OF:
TEST WATER DIFFERENCE	PULL OR ALTER CASING MULTIPLE COMPLETE	WATER SHUT-OFF FRACTURE TREATMENT	REPAIRING WELL ALTERING CASING ABANDONMENT*
8HOOT OR ACIDIZE REPAIR WELL (Other) 17. DESCRIBE PROPOSED OR COMPLETED OPE proposed work. If well is directic	RATIONS (Clearly state all pertinent mally drilled, give subsurface location	. Completion or Recom	ts of multiple completion on Well apletion Report and Log form.) es, including estimated date of starting any ical depths for all markers and zones perti-
SHOOT OK ACIDIZE REPAIR WELL (Other) 17. DESCRIBE PROPOSED OR COMPLETED OPE proposed work. If well is direction nent to this work.)* MKL No. 1 has been The spacing unit al DEPCO. Inc., reques	enange PLANS RATIONS (Clearly state all pertinent nally drilled, give subsurface location in a temporary ab so has Pictured Costs approval to re	(Other)(Note: Report resulting to the completion or Recommendations and give pertinent date and measured and true vert andoned status statiff production tain temporary a	ts of multiple completion on Well apletion Report and Log form.) ss, including estimated date of starting any ical depths for all markers and zones pertiseince November, 1966. (MKL No. 2).
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APPROVED BY _______ CONDITIONS OF APPROVAL, IF ANY: