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.  1.  OIL GAS WELL GAS WELL OTHER  2. NAME OF OPERATOR  A ADDRESS OF OPERATOR  3. ADDRESS OF OPERATOR  4. LOCATION OF WELL (Report location clearly and in Secondance with any State requirements."  At surface  1780 FSL X 21520 FWL  15. ELEVATIONS (Show whether DF, RT, GR, etc.)  12. COUNTY OR PARISH 13.			RIMENT OF THE INTERT		(
ONT CONTRACTOR  THAT OF CHARACTER  THAT OF CHARACTE	OR TRIBE NAME	back to a different reservoir.	roposals to drill or to deepen or plug b	his form for propose	
2. MANS OF PREATOR  AMONG PRODUCT TO COMPRESS  3. ADDRESS OF OPERATOR  4. EXCERTION OF WILL [Report location cleanty and is recordance with any State requirements.*  4. EXCERTION OF WILL [Report location cleanty and is recordance with any State requirements.*  4. EXCERTION OF WILL [Report location cleanty and is recordance with any State requirements.*  4. ADDRESS OF PERATOR STATE OF THE ANY STATE AND STATE OF THE ANY S	12	7. UNIT AGREEMENT NAME	Z GAS (		
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See also space 17 below)  11 BEC. T. B. M. OB BLEC.  12 COUNTY OF FSL X 2120 FWL  13. ELYANTON (Show whether SP, NT. CA. 402)  14. FERRITY NO.  15. ELYANTON S (Show whether SP, NT. CA. 402)  16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data  NOTICE OF INTERVIEW TO:  THAT WATER SBUT-OFF  PRACTORS TREAT  ARABODY*  ARAB				TOR	3. ADDRESS OF OPERATO
See also agace 17 below)  At surface  1780' FSL X 2130' FWL  11. BEC. T. B. M. OB BLEA.  See 35-T26'  12. COUNTY OF PALED 13.  13. ELEVATIONS (Show whether SP, NT, CR, etc.)  14. FERMIT NO.  15. ELEVATIONS (Show whether SP, NT, CR, etc.)  16.  Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data  NOTICE OF INTERFION TO:  THAT WATER SEUT-OFF  PRACTURE TREAT  ABANDOS' BECOMPLETED  ABANDOS' BECOMPLETED  THANCE PLANCE  CHANGE PLANC  (Other)  17. DANA SEE TREATMENT  DEPTIMENT OF INTERFIOR COMPLETED  PROCEDURE ON. If well is directionally drilled give subsurface locations and measured in the very last dispute of the matter and  Please be advised that effective IB-21-88 Amoco P  Purchased the above ment is ned well from this con Develop  TITLE Adm. Supervisor  (This space for Pederal or State after use)  TITLE Adm. Supervisor  ACCEPTION RECOMPLETED  TITLE Adm. Supervisor  (That is pace for Pederal or State after use)		87401 3	Farmington N.M.	30-3 St F	2325 £. 3
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Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data  NOTICE OF INTENTION TO:  TEST WATER SHOT-OFF PACTURE TREAT AMONDON' REPORT TREAT MELL ROOT OR ACTORIS REPAIR WELL ROOT OR ACTORIS REPAIR WELL ROOT OR ACTORIS REPAIR WELL ROOT OF RECOMPLETE CONFIDENCE CHANGE PLANE ROOT OR ACTORIS REPAIR WELL ROOT RECOMPLETED OPERATIONS (Clearly state all pertiaent details, and give pertinent date and individually drilled, give subsurface locations and measured and true vertical depths for all markers and plane to this work).  Please be advised the above mentioned well from Hixon Develop  TITLE AAM. Supervisor  (This space for Federal or State odce use)  APPROVED BY  TITLE AAM. Supervisor  ROTTED AREA  RIO ATTRIBE ROOT OF Other Data  REPAIRING WELL REPAIRING WELL REPAIRING WELL REPAIRING WELL REPAIRING CARRING RAPERING CARRING RAPPROVED BY  TITLE AAM. Supervisor  ACCEPTED FOR RECURNING  APPROVED BY  TITLE AAM. Supervisor  ROTTED AREA  REPAIRING WELL REPAIRING WELL RAPPROVED BY  RAPPROVED BY  TITLE AAM. Supervisor  Charles A. TITLE  REPAIRING WELL RAPPROVED BY  RAPPROVED BY  TITLE  REPAIRING WELL RAPPROVED BY  RAPP	6N- RZW	Sec. 35-T26N	1 15 Pierreione (Share - harbas on		14 PERMIT NO
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Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.