Form	9-331
(May	1963

UNITED STATES DEPARTMENT OF THE INTERIOR SUBMIT IN TRIPLICATE* (Other instructions on reverse side)

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

415-14					
EOL	OGICA	41 51	IRVFY		

GEOLOGICAL	0.41. 0.382.0-5 /	
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, ALLOTTEE OR TRIBE NAME
1.		7. UNIT AGREEMENT NAME
OIL GAS OTHER		8. FARM OR LEASE NAME
2. NAME OF OPERATOR		Mureaicon Federal
Harvey H. Henry		9. WELL NO.
P. O. Box 261, Farmington, 4. LOCATION OF WELL (Report location clearly and in account	New Mexico 87401	3
		10. FIELD AND POOL, OR WILDCAT
At surface 2080/N;	2080/E	11. sec., T., E., M., OR BLE. AND
3-G-3-25N-12W San Juan County, New Mexi		SURVEY OR AREA
		Sec 2 Tabl Rigy Cif 1
14. February acc.	(Show whether DP, RT, GR, etc.)	12. COUNTY OF PARISH 13. STATE
6211 G		<u> </u>
16. Check Appropriate Box	To Indicate Nature of Notice, Report, o	
ROYICE OF INTENTION TO:	SUB	SEQUENT REPORT OF:
TREE WATER SHUT-OFF PULL OR ALTER CA		REPAIRING WELL
PRACTURE TREAT MULTIPLE COMPLET	FRACTURE TREATMENT SHOOTING OR ACIDIZING	ALTERING CASING ABANDONMENT®
SHOOT OR ACIDIES REPAIR WELL CHANGE PLANS	(Other)	
(Other)	Completion or Rec	sults of multiple completion on Well completion Report and Log form.)
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly proposed work. If well is directionally drilled, give neat to this work.)	state all pertinent details, and give pertinent de subsurface locations and measured and true ve	ates, including estimated date of starting an ortical depths for all markers and zones pert
1. Squeezed 25 Sx plug over	ກ∈ໃs	REAL
2. Pulled 1944 Ft of casing	1	JUN 25 1971
3. Spotted 30 Sx plug in and		JUN 25 1971
4. Spotted 30 Sx plug at 115	C	U. S. GEOLOGICAL SURVEY
5. Spotted 30 Sx plug at 550		A second
6. Set 10 Sx plug at surface		__
7. Set P & A marker	JUN 25 3371 J	
	VUL CON COM.	
	And the state of t	The second of th
18. I hereby certify that the foregoing is true and correct	*	
more Howell El. 36 week	TITLE Owner	DATE 3/
My W Nany		
(This space for Federal or State of use)		
ADDANUST BY	TITLE	DATE

COMDITIONS OF APPROVAL, IF ANY:

