				*COM-96-004300
Form 9 331 (Mny)063)	DEPART	UNITED STATES MENT OF THE INTER GEOLOGICAL SURVEY	SUBMIT IN TRIPLICATE (Other instructions on record verse side)	Form approved, Budget Bureau No. 42-R1424 5. LEANE LESIGNATION AND BERIAL NO. * NOG-C-14-20-5250
(Do not use	JNDRY NOT	6. IN INDIAN, ALLOTTLE OR TABLE NAME		
OIL GAS WELL WELL CAS WE		7. UNIT AGREEMENT NAME		
)il Company	Canyon Cor		
1860 Lind 4. LOCATION OF WELL See also space 17 At surface	(Report location c	10. FIELD AND POOL, OR WILDCAT Basin Dakota		
185	0' FSL and Unit I	11. SEC., T., R., M., OR BLE. AND SURVEY OR ARBA Sec. 23, T25N, R11W		
14. PERMIT NO.		15. ELEVATIONS (Show whether D	F, RT, GR, etc.)	12. COUNTY OR PARISH 13. STATE San Juan New Mexico
16.	Check Ap	propriate Box To Indicate 1	Nature of Notice, Report, or C	Other Data
	NOTICE OF INTEN	UENT REPORT OF:		
TEST WATER SHU FRACTURE TREAT SHOOT OR ACIDIZI REPAIR WELL	, ,	CULL OR ALTER CASING CULTIPLE COMPLETE BANDON* HANGE PLANS	WATER SHUT-OFF FRACTURE TREATMENT SHOOTING OR ACIDIZING (Other)	ALTERING CASING ABANDONMENT*
(Other) 17. DESCRIBE PROPOSET proposed work.	OR COMPLETED OPER	RATIONS (Clearly state all pertines cally drilled, give subsurface local	(Note: Report results	of multiple completion on Well etion Report and Log form.) including estimated date of starting any il depths for all markers and zones perti-
10-11-76: Set and c	Spudded 12	2-1/4" hole at 8:00 '8" csg. at 314' wit		. Circulated
		-		
			The state of the s	



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10.	. I never certus that the foregoing is true and correct					
	SIGNED A.M. Paras	TITLE Div. Production Manager	DATE 16 30 76			
	(This space for Federal or State office use)					
	APPROVED BY CONDITIONS OF APPROVAL, IF ANY:	TITLE	DATE			