UNITED STATES DEPARTMENT OF THE INTERIOR

UNITED STATES	===BST BSTCBS 110. 42=K1424
DEPARTMENT OF THE INTERIOR	5. LEASE
	Joint Venture
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
SUNDRY NOTICES AND REPORTS ON WELLS	Jicarilla Apache 7. UNIT AGREEMENT NAME
(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.)	7. UNIT AGREEMENT NAME & STORY
1 -:	8. FARM OR LEASE NAME # 855
1. oil gas well other	Apache-JVA
2. NAME OF OPERATOR	9. WELL NO. 1982 9 997
Palmer Oil & Gas Company	10. FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR	Blanco Mesaverde
P. O. Box 2564, Billings, Montana 59103	11. SEC., T., R., M., OR BLK. AND SURVEY OR
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)	AREA E E
AT SURFACE: 1450' FSL, 1450' FWL	NE + SW + Sec 16-27N-2N
AT TOP PROD. INTERVAL:	12. COUNTY OR PARISH 13. STATE
AT TOTAL DEPTH:	Rio Arriba - New Mexico
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	14. API NO.
REPORT, OR OTHER DATA	15 CIPUATIONS
DEGUSOT	15. ELEVATIONS (SHOW DF, KDB, AND WD)
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	7301' GL 25#7 3 51#8
TEST WATER SHUT-OFF FRACTURE TREAT	무현물을 가는 사람이 되었다.
SHOOT OR ACIDIZE	보이를 받는 것은 문화를 살아 다른 사람이 되었다.
REPAIR WELL	(NOTE: D
PULL OR ALTER CASING	(NOTE: Report results of multiple completion or zone change on Form 9-330.)
MULTIPLE COMPLETE	
ABANDON*	그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그
(other) Change plans to deepen well.	
	그 그는 이 이 사람 취임증이 되는 현실을 하는 않다.
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state including estimated date of starting any proposed work. If well is directly measured and true vertical depths for all markers and zones pertinent	all pertinent details, and give pertinent dates, ectionally drilled, give subsurface locations and to this work.)*
Intend to deepen well to originally planned TD original Application to Drill This work in	and run liner-as per our
	commence as soon as we
obtain a rig.	
	ALLIVED V
	MICOMO
	AUG 2 7 1979
	OIL CON. GOM.
Subsurface Safety Valve: Manu. and Type	Property Distrates
18. I hereby certify that the foregoing is true and correct	Set @
James G. Routson	
(This space for Federal or State office	use)
PPROVED BY TITLE	DATE
ONDITIONS OF APPROVAL IF ANY:	
	프로그 프로그램 지도 있다.

*See Instructions on Reverse Side