NOTICE OF INTENTION TO:  SUBSEQUE TEST WATER SHUT-OFF PULL OR ALTER CASING WATER SHUT-OFF			UBNT REPORT OF:
REPAIR WELL  (Other)  17. DESCRIBE PROPOSED OR COMPLETED OPER proposed work. If well is direction nent to this work.)  In response to B the following word  1.) Cleaned to 2.) Cleaned s	LM letter NM-16471 (	Completion or Recomplet dates tions and measured and true vertice GC) 3162.5-1(a) (016) bring the subject well	of multiple completion on Well letton Report and Log form.) Including estimated date of starting any all depths for all markers and zones pertined to the complete starting and depths for all markers and zones pertined to the complete starting and depths for all markers and zones pertined to the complete starting and depths for all markers and zones pertined to the complete starting and depths for all markers and zones pertined to the complete starting and depths are completely as a second starting as a sec
18. I hereby certify that the foregoing is t			ACCEPTED FOR RECORD
$\mathcal{L}$			
SIGNED Jud n	TITLE P	roduction Superintend	ent DATE11-4-86

\*See Instructions on Reverse Side

FARMINGTON NESOURCE AREA FARMINGTON NEW MEXICO