Form 9-331 (May 1963)

## **UNITED STATES**

SUBMIT IN TRIPLICATE\*
(Other instructions on re-

Form approved.

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5.	LEASE	DESIGN.	ATION	AND	SERIA	L NO.

DATE \_\_

	DEPAR	5. LEASE DESIGNA	5. LEASE DESIGNATION AND SERVAL NO.		
	SUNDRY NO	TICES AND REPORTS ( DOSAILS to drill or to deepen or plug by CATION FOR PERMIT—" for such p	ON WELLS back to a different reservoir.	6. IF INDIAN, ALL	OTTEE OR TRIBE NAME
	OIL GAS TOTHER WELL OTHER	7. UNIT AGREEMENT NAME S. FARM OR LEASE NAME IRIGIA J. CITADAM WM			
	NAME OF OPERATOR				
	rlair Vil & has Compa				
3. <b>CO</b> 1	ADDRESS OF OPERATOR	1860 Lincoln Street	Color	9. WELL NO.	
<b>744</b>		clearly and in accordance with any	<del>_</del>	10. FIELD AND PO	OL, OR WILLES
	See also space 17 below.) At surface		So. Elance-Pictured		
3	610' t/North line and	11. SEC., T., R., M.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA		
				Sec. 10-27N-8H. NIPM	
1.4	PERMIT NO.	15. ELEVATIONS (Show whether DE	F, RT, GR, etc.)	12. COUNTY OR P.	
Mr.	T.McGreth, 8/13/65	5913 · GL		San Juan	New Mexico
16.	Chook /	Appropriate Box To Indicate N	Victoria Report or	Other Data	
	SOTICE OF INT	• • •		QUENT REPORT OF:	
	NOTICE OF ALL				
	TEST WATER SHOUT- OFF	NULTIPLE COMPLETE	WATER SHUT-OFF FRACTURE TREATMENT	<del></del>	ING WELL NG CASING
	FRACTURE TREAT  SHOOT OR ACHIZE	ABANDON*	SHOOTING OR ACIDIZING	-	NMENT*
	REPAIR WELL	CHANGE PLANS	(Other) Setting Of	String	
	Others		(Note: Report resul Completion or Recom	ts of multiple comple pletion Report and L	tion on Well og form.)
14.	proposed work If well is direct to this work ?"  Drilled to TD 23001.	PERATIONS (Clearly state all pertinentionally drilled, give subsurface local Part 71 jts 12 CD 9.	tions and measured and true verti	cal deptas for all ma	orkers and zones perti
			ig 2:30 p.m. 9/8/65.	TENE	
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			SE	P 1 3 1965	•
			3 1	. (0.1303	
			U. S. GEO	DLOGICAL BURVEY	
			F∆KMÌ	NOTON N. M.	ļ
					•
1 ~	I hereby certify that the foregoing	; is true and correct			
-	Come Car		erk, Chief Office	DATE	9/10/65
	SIGNED Z		THE RESERVE TO SERVE THE RESERVE	DATE	
	This space for Federal or State	omce use)			

TITLE .

APPROVED BY .... CONDITIONS OF APPROVAL, IF ANY: