| Form 9-331<br>(May 196%)   |                        |                      |                                      | SUBMIT IN TRIPLICA<br>(Other instructions on<br>verse side) | Pe Budget Bur                            |                   |  |
|----------------------------|------------------------|----------------------|--------------------------------------|---|--|-------------------|--|
| (Do not a                  | SUNDRY NO              | 6. IF INDIAN, ALLOTI | 6. IF INDIAN, ALLOTTES OF TRIBS NAME |   |  |                   |  |
| oir 🗆                      | GAS X OTHER            | 7. UNIT AGREEMENT    | 7. UNIT AGREEMENT NAME               |   |  |                   |  |
| NAME OF OPER               | BATOR                  | 8. FARM OR LHASE N   | 8. FARM OR LEASE NAME                |   |  |                   |  |
| Petrole                    | eum Corpora            |                      | Kutz Government                      |   |  |                   |  |
| ••                         | x 911, Bre             | 11                   |                                      |   |  |                   |  |
| 4. LOCATION OF A           | WELL (Report location  | 1                    | 10. FIELD AND POOL, OR WILDCAT       |   |  |                   |  |
| At surface                 | ENT 1100               |                      | Fulcher Kutz P. C.                   |   |  |                   |  |
| 1640                       | 'FNL, 1190'            | Sec. 3-T27N<br>NMPM  |                                      |   |  |                   |  |
| 14. PERMIT NO.             |                        | ł                    | S (Show whether DF, R                | T, GR, etc.)  | 12. COUNTY OR PARTI                      | H 18. STATE       |  |
|                            |                        | 5990                 | 'GR                                  | <del> </del>  | San Juan                                 | New Mexic         |  |
| 16.                        | Check                  | Appropriate Bo       | x To Indicate Na                     | ture of Notice, Report,                                     | or Other Data                            |                   |  |
| NOTICE OF INTENTION TO:    |                        |                      |                                      |   | BEEQUENT REPORT OF:                      |                   |  |
| TEST WATER                 |                        | PULL OR ALTER        |                                      | WATER SHUT-OFF  | REPAIRING                                | ·                 |  |
| FRACTURE TR<br>SHOOT OR AC |                        | MULTIPLE COMPI       |                                      | FRACTURE TREATMENT SHOOTING OR ACIDIZING                    | ALTERING                                 | . I <del></del> I |  |
| REPAIR WELL                |                        | CHANGE PLANS         |                                      | (Other) Well Na   | me Change                                | X X               |  |
| (Other)                    | <del></del>            |                      |                                      | Completion or Red<br>details, and give pertinent d          | completion Report and Log i              | (ofte.)           |  |
|                            | vell is cha<br>From: 1 | anged:<br>Kutz Gover | nment No.                            |   | APR 18                                   | 1974<br>COM.<br>3 |  |
| :                          |                        |                      | ,                                    |   |  |                   |  |
|                            |                        | 1.                   | •                                    |   | en e |                   |  |
|                            |                        |                      |                                      |   |  |                   |  |
|                            |                        |                      | _                                    |   | •  |                   |  |
|                            |                        |                      | •                                    |   | ş.                                       |                   |  |
|                            |                        |                      |                                      |   | •  |                   |  |
|                            |                        |                      |                                      |   |  |                   |  |
| For: Pet                   | roleum Con             | rporation            | of Texas                             |   |  |                   |  |
| 18. I hereby certi         | ity that the foregoth  | is true and corre    | ect Pres                             | ident, Walsh E  | ngineering                               | 11 16 1076        |  |
| SIGNED E                   | vell N. Wa             |                      | TITLE & Pr                           | oduction Corpo  | ration <sub>DATE</sub> Apr               | 11 10,19/4        |  |
| (This space f              | or Federal or State    | office use)          |                                      |   |  | -                 |  |
| APPROVED 1                 | BY                     | F ANY:               | TITLE                                |   | DATE                                     | <u> </u>          |  |