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Max	1965	

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 	SATION				

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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	GEOLO!	GICAL	. SU	RVE'	Y		

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(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.

"APPLICATION FOR PERMIT-" for such proposals.)

Ose All Electrical Total Electrical In Such proposition	
1.	7. UNIT AGREEMENT NAME
OIL GAS WELL X OTHER	
2. NAME OF OFFEATOR	8. FARM OR LEASE NAME
CURTIS J. LITTLE	Federal Com
G. ADDRESS OF OPERATOR	9. WELL NO.
P. O. Box 2486	9. WELL NO. #2-\$ &-R.

F. U. BOX 2480

4. Location of well (Report location clearly and in accordance with any State requirements.*

See also space 17 below.)

At surface

1085 * FSL

10. FIELD AND POOL, OR WILDCAT

Basin Dakota

11. SEC., T., R., M., OR BLR. AND
SURVEY OR AREA

Sec. 12-T28N-R13W

285' FWL

15. ELFVATIONS (Show whether DF, RT, GE, etc.)

12. COUNTY OF TARISH 13. STATE

5648 KB San Juan N.M.

14. PERMIT NO.

16.

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

FRACTURE TREAT MULTIPLE COMPLETE FRACTURE TREATMENT ALTERING CASING SHOOTING OR ACIDIZING ABANDONMENT* (Other) (NOTE: Report results of multiple completion on Well	NOTICE OF INTENTION TO:			SUBSEQUENT REPORT OF:			
Completion of Recompletion Report and Log form.)	TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (Other)		MULTIPLE COMPLETE ABANDON*		FRACTURE TREATMENT SHOOTING OR ACIDIZING (Other)	ALTERING CASING ABANDONMENT®	

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.) •

Spud 12-1/4" hole 12:30 pm 7-29-79.

Set 163' 8=5/8" casing w/100 sx class B w/3% CaCl. Cement circ.

Plug down at 8:15 pm 7-27-79.

Pressure tested csg with 600 psi for 30 min. Test ok.

Drilled plug 8:30 am 7-28-79.

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18. I hereby certify that the foregoing is true and correct					
SIGNED Curtic L Little	TITLE	Operator		DATE_	7-30-79
(This space for Federal or State office use)				- 1	
APPROVED BYCONDITIONS OF APPROVAL, IF ANY:	TITLE		A STATE OF THE PARTY OF THE PAR	DATE _	····

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