|  |                       |                     |                    |                              |                 |   | /                             |
|--|-----------------------|---------------------|--------------------|------------------------------|-----------------|---|-------------------------------|
| Form 9-311<br>(May 1963)   |                       | NITED STAT          |                    | SUBMIT IN T                  | RIPLICATE.      | Form app<br>Budget 1                        | proved.<br>Jureau No. 42-R142 |
| •  |                       | ENT OF THE          |                    | R verse side)                | tume on te      | 5. LEASE DESIGNAT                           | TION AND SERIAL NO            |
|  | <del></del>           | OLOGICAL S          |                    |                              | ·               | 14/n -/                                     | 8316                          |
| SU<br>(Do not use th   | NDRY NOTIC            | ES AND RE           | PORTS Of           | V WELLS k to a different res | er <b>voir.</b> | o. IF INDIAN, ALLO                          | TTEE OR THINE NAME            |
| i.   |                       |                     | - tot such prop    | 08415.7                      |                 | 7. UNIT AGREEMEN                            | T NAME                        |
| WELL GAS   |                       |                     |                    |                              |                 |   |                               |
| 2. NAME OF OPERATOR  |                       |                     |                    |                              |                 | 8. FARM OR LEASE                            | NAME                          |
| 3. ADDRESS OF OPERAT   | al Oil Com            | nany                | <del></del>        |                              |                 | 9. WELL NO.                                 | 29-4                          |
| P. O. Box  | 460, Hobbs            | s. ilew ilex        | cico 8824          | 4.0                          |                 | o. well no.                                 | 2                             |
| LOCATION OF WELL See also space 17 b At surface  | (Report location clea | rly and in accordar | ce with any Sta    | te requirements."            | <del></del>     | 10. FIELD AND POOT                          | OR WILDCAT                    |
|  | / —                   |                     | _                  |                              |                 | Undesignated                                | GALLUP                        |
| 1770' FNL & 944' FEL   |                       |                     |                    |                              |                 | 11. SEC., T., R., M., GUBYER OR A           | DR BLK. AND<br>BEA            |
|  |                       |                     |                    | •                            | İ               | Sec. 11 7.1                                 | 9N. R-4W                      |
| 14. PERMIT NO.   |                       | 15. ELEVATIONS (Sho |                    |                              |                 | 12. COUNTY OR PAR                           | ISH 13. STATE                 |
| _  |                       |                     | 50' GK             |                              |                 | RIO ARRIBA                                  | NM                            |
| 6.   | Check Appr            | opriate Box To      | Indicate Nati      | ire of Notice, R             | eport, or Or    | her Data                                    |                               |
|  | NOTICE OF INTENTIO    |                     |                    |                              |                 | NT REPORT OF:                               | ₹.                            |
| TEST WATER SHUT-   | OFF PUL               | L OR ALTER CASING   |                    | WATER SHUT-OF                |                 | REPAIRIN                                    | G WELL                        |
| FRACTURE TREAT   | <del></del>   .       | TIPLE COMPLETE      |                    | FRACTURE TREA                | TMENT           | ALTERING                                    | CTRING.                       |
| SHOOT OR ACIDIZA  BEPAIR WELL  | <del> </del>          | NDON*<br>NGB PLANS  |                    | SHOOTING OR A                | CIDIZING        | ABANDON                                     | HENT*                         |
| (Other)  |                       |                     |                    | (Other)<br>(Note: Re         | eport results o | multiple completic                          | on Well                       |
| 7. DESCRIBE PROPOSED (<br>proposed work, 1   | OR COMPLETED OPERAT   | IONS (Clearly state | all pertinent de   |                              |                 | ion Report and Log<br>icluding estimated of |                               |
| nent to this work.)  | . •                   |                     | Jan Lace Joeanning | and mensured kild            | true vertical   | deptns for all mark                         | ers and zones perti           |
| Status of  | Well: Jhu             | 1                   |                    | •                            |                 |   |                               |
| Approximat   | e date tha            | t temn a            | han com            | moncod. 9                    | 1.73            | •   |                               |
| Reason for   | temp. aba             | n. : Perdini        | 0 4/45 A           | hair Console                 | ن بر حق         | ,   | •                             |
| <b></b>  |                       | -                   | , ,                | ,                            | -110~           |   |                               |
| Future pla   | ns for wel            | 1: HOLD             | FOR S              | LES LINE                     | CANNE C         | Tien!                                       | •                             |
|  |                       |                     |                    |                              | LONAS           | -~10/0                                      |                               |
|  |                       |                     |                    |                              | •               |   |                               |
|  | APLEOVE FROM          | A. R.O              |                    |                              |                 | MPORARY ABAND                               |                               |
| No. of the last of | MOTES BY THE          |                     |                    |                              | E               | (PIRES / Z=                                 | <i>31-76</i>                  |
| 1 1/2  | ADPRO'                | (I - I)             |                    | MAR                          |                 | · ·   |                               |
| <i>"</i> _   |                       |                     | /RILL              | TARD /                       |                 |   |                               |
| ţ  | NOV 1 4 19            | 575                 |                    | 7 1975                       |                 | • •   |                               |
|  | JERRY W. LQ           |                     | NOV 1              | . •                          |                 |   | •                             |
| L  | DISTRICT Eligi        | real and the second | \ cc               | ON. COM.                     |                 |   |                               |
|  |                       |                     | Con. or            | ST. 3                        |                 |   |                               |
|  |                       |                     |                    |                              |                 | •   |                               |
| Approximate  | e date of             | future U            | 0 or n             | lugging                      | 10              |   | •                             |
| . I bereby certify that  | the foregoing is tru  | e and correct       | <del>0. 01 p</del> | <b>7</b> .                   | 10=1-4          | 6   | · <del></del>                 |
| SIGNED C   | Dellerge              | <b></b>             | TLE A              | tell and                     |                 | DATE  | 6-75                          |
| (This space for Fede   | ral or State office w |                     |                    |                              |                 | DATE  |                               |
|  | THE DE LOUIS COME BY  | •                   | •                  |                              | •               | •   |                               |
| CONDITIONS OF A  | PROVAL, IF ANY:       | TI                  | TLE                |                              |                 | DATE  |                               |
|  |                       |                     | LA.                |                              |                 |   | <b>-</b> ,-                   |
| 4565 (5)   | Hile                  |                     | - X.               | _                            |                 |   | :                             |
|  |                       | <del>-</del> -      |                    |                              | -               |   |                               |