Form 9-331 (May 1963)

UNITED STATES SUBMIT IN TRIPLICATE* (Other instructions on re(Other instructions on reverse side) Form approved. Budget Bureau-No. 42-R1424. 5. LEASE DESIGNATION AND SERIAL NO.

| GEOLOGICAL SURVEY | | I-89-IND-58 |
|----------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|------------------------------------------------------------------------------|
| SUNDRY NOTICES AND (Do not use this form for proposals to drill or t Use "APPLICATION FOR PER | | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME |
| OIL GAS WELL OTHER DET HOLO | | 7. UNIT AGREEMENT NAME |
| NAME OF OPERATOR W. C. IMBT | | 8. FARM OR LEASE NAME. |
| 3. ADDRESS OF OPERATOR 210 West 36th Street, Farmington | n, New Mexico - 87401 | 9. WELL NO. |
| LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface | | 10. FIELD AND FOOL, OR WILDCAT |
| 165' FSL & 495' FWL | | 11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA Sec. 7-1298-RIGH |
| | (Show whether DF, RT, GR, etc.) | 12. COUNTY OR PARISH 13. STATE San Juan Hew Mexic |
| 16. Check Appropriate Box | x To Indicate Nature of Notice, Report, | or Other Data |
| TEST WATER SHUT-OFF PULL OR ALTER OF SHOOT OR ACIDIZE ABANDON* | | REPAIRING WELL ALTERING CASING ABANDONMENTS |
| REPAIR WELL CHANGE PLANS (Other) | (Other)(Note: Report r | results of multiple completion on Well- ecompletion Report and Log form.) |
| 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly proposed work. If well is directionally drilled, ginent to this work.)* | v state all pertinent details, and give pertinent | dates, including estimated date of starting any |

Spotted 28 sacks sement from 1D 797' to 600'.

Spotted 10 sacks coment from 45' to 100'.

Spotted 5 sacks coment as surface plug.



U. S. GEOLOGICAL SURVEY FARMINGTON, N. M.

| 18. I hereby certify (RICHAL SIGNED BY true and | Omenn term | Anvil 15. | 1971 |
|-------------------------------------------------|------------|---------------------------|--------------|
| SIGNED | TITLE | DATE | |
| (This space for Federal or State office use) | | | T. E. |
| APPROVED BYCONDITIONS OF APPROVAL, IF ANY: | TITLE | DATE | |
| | | and the state of the Sala | |