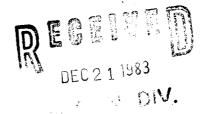
Form 9–331 Dec. 1973	5 BLM, Fmn 1 Flag-Redfern	1 Southland	Form Approved.	3
Dec. 1373	UNITED STATES	5. LEASE		
	DEPARTMENT OF THE INTERIOR	SF 077317		
	GEOLOGICAL SURVEY	6. IF INDIAN, ALL		
SUNDRY	NOTICES AND REPORTS ON WELLS	7. UNIT AGREEM	ENT NAME	
(Do not use this t reservoir, Use For	form for proposals to drill or to deepen or plug back to a different m 9–331–C for such proposals.)	8. FARM OR LEAS		
1. oil 🔾	g2\$	<u>Hana</u>		
well	well XX other	9. WELL NO.		
2. NAME OF	OPERATOR	1		-
	PRODUCTION CORP.	10. FIELD OR WILDCAT NAME		
3. ADDRESS	OF OPERATOR		tz PC&Fruitlan	
	Box 208, Farmington, NM 87499		., OR BLK. AND SURVEY OF	ŧ
4. LOCATION below.)	OF WELL (REPORT LOCATION CLEARLY. See space 17	AREA Sec. 18 T2	-	
AT SURFA		12. COUNTY OR P	ARISH 13. STATE	
AT TOP P	ROD. INTERVAL:	San_Juan_	NM	-
		14. API NO.		
	PROPRIATE BOX TO INDICATE NATURE OF NOTICE,	15 SUSVATIONS	ACTION DE KOB VID MO	- \
REPORT,	OR OTHER DATA	l .	(SHOW DF, KDB, AND WD	,
REQUEST FOR	APPROVAL TO: SUBSEQUENT REPORT OF:	L 5/12' GL;	RKB = GL	
TEST WATER				
FRACTURE TR				
SHOOT OR AC		CEIVEL) Its of multiple completion or zon	
REPAIR WELL		(NOIE: Report resu_ _change on :	its of multiple completion of zon Form 9–330.)	9
PULL OR ALT MULTIPLE CO	MPLETE \(\begin{array}{ccccc} \ldots &	EC 191983		
CHANGE ZON				
ABANDON*		F LAND MA nageme Ton Kloour ce a r	EA	
(other)	Change Plans XX PBID FARMING			
:aluding	PROPOSED OR COMPLETED OPERATIONS (Clearly states estimated date of starting any proposed work. If well is a land true vertical depths for all markers and zones pertine	directionally drined, g	ls, and give pertinent dates ive subsurface locations an	;, d

** Plan to test the Fruitland as well as the Pictured Cliffs Formation. Request for Approval for a dual completion will be submitted to NMOCD.

PBTD is 1976'.



A COMMON AND THE	ogravija Vite	3 Set @	Ft.
Subsurface Safety Valve: Manu. and Type			A STATE OF THE PARTY OF THE PAR
18. I hereby certify that the foregoing is true and correct SIGNED Geologist Jacobs	DATE	12-16 83 A	PROVED
(This space for Federal or State offic	e use)	j. 24	
APPROVED BY TITLE CONDITIONS OF APPROVAL, IF ANY:	DATE _	X C	EU 20 1983
*See Instructions on Reverse Si	d e		MEA MANAGER GTON RESOURCE AREA

NMOCC