	UNITED STATES	SUBMIT IN TRIPLICATE* (Other instructions on re-	Form approve Budget Bures	ed. 1u No. 42–R1424	
	DEPARTMENT OF THE INTER	ARTMENT OF THE INTERIOR (Other Instructions on re-		5. LEASE DESIGNATION AND SERIAL NO.	
GEOLOGICAL SURVEY			14-20-603-585		
	RY NOTICES AND REPORTS rm for proposals to drill or to deepen or plug use "APPLICATION FOR PERMIT—" for such		6. IF INDIAN, ALĪOTĪE	E OR TRIBE NAME	
OIL GAS WELL OTHER			7. UNIT AGREEMENT NAME		
NAME OF OPERATOR			8. FARM OR LEASE NAME		
			and the second s		
ADDRESS OF OPERATOR			9. WELL NO.		
			-		
Log que 1727 Cartest Columnia 81321 LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*			10. FIELD AND POOL, OR WILDCAT		
See also space 17 below.) At surface			March March Day		
13741 #31. # 3001 Hel Su 18 T32H R17:			11. SEC., T., R., M., OR BLK. AND		
6.35.4. sor a long saft par to them tobe			SURVEY OR AREA		
			See 18 7324 R1	THE SHARE OF	
4. PERMIT NO.	ERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)		12. COUNTY OR PARISH	13. STATE	
Mr. Hallweth	5440GL		San Jama	Name Mark	
3.	Check Appropriate Box To Indicate	Nature of Notice, Report, or C	ther Data		
NO	NOTICE OF INTENTION TO: SUBSEQU		ENT REPORT OF:		
TEST WATER SHUT-OFF	PULL OR ALTER CASING	WATER SHUT-OFF	REPAIRING V	VICLL	
FRACTURE TREAT	MULTIPLE COMPLETE	FRACTURE TREATMENT	ALTERING CA	ASING	
SHOOT OR ACIDIZE	ABANDON*	SHOOTING OR ACIDIZING	ABANDONME	NO:* I	
EVEROUS ON MODERNIA	CHANGE PLANS	(Other)	·		
REPAIR WELL			of multiple completion etion Report and Log for		
REPAIR WELL	<u> </u>				
REPAIR WELL (Other) 7. DESCRIBE PROPOSED OR C	OMPLETED OPERATIONS (Clearly state all pertinuvell is directionally drilled, give subsurface loc				

Stagged mad & water from 1209" teck to 130". 2nd plug with 12sks

coment from 130' to surface. Left 67 ft of 7" surface in bole. Srected plug & shanded marker & cleand location Surface water

was encountered in this belo & 50 again \$ 30 ft.

JUN 1 1976 MIST TITLE (This space for Federal or State office use) APPROVED BY ______CONDITIONS OF APPROVAL, IF ANY: TITLE DATE .

Oftal