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Form (May	1963)	UNITED STATES SUBMIT IN TRIPLICATE® DEPARTMENT OF THE INTERIOR verse side) GEOLOGICAL SURVEY			Form appropriate Fundation 5. LEASE DESIGNATION 018208	eau No. 42-R1424.
SUNDRY NOTICES AND REPORTS ON WELLS (Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use "APPLICATION FOR PERMIT—" for such proposals.)					6. IF INDIAN, ALLOTTI	DE OR TRIBE NAME
1. 01 W	ELL X GAS C	7. UNIT AGREEMENT NAME				
	ame of operator enneco Oil Comp	South Hospah Unit				
••	DDRESS OF OPERATOR 200 Lincoln Tow	9. WELL NO				
S	LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660 F/NL & 660 F/EL				Hospar South (Upper Sand) 11. Sec., T., R., M., OR ELK. AND SURVEY OR AREA Sec. 12, T17N, R9W	
14. P	ERMIT NO.	15. ELEVATIONS (Sho		GR, etc.)	12. COUNTY OR PARIS McKinley	H 13. STATE New Mexico
16.	Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data					
	NOTICE OF INTENTION TO:				JENT REPORT OF:	it
1	TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL, (Other)	PULL OR ALTER CASING MULTIPLE COMPLETE ABANDON* CHANGE PLANS		WATER SHUT-OFF FRACTURE TREATMENT SHOOTING OR ACIDIZING (Other) (Note: Report results Completion or Recomp	ALTERING O ABANDONMI of multiple completion letien Report and Log for	CASING ENT*
17. DI	ESCRIBE PROPOSED OR COME proposed work. If well nent to this work.) *	PLETED OPERATIONS (Clearly stat is directionally drilled, give su	all pertinent de osurface locations	stalls, and give pertinent dates, s and measured and true vertice	including estimated da al depths for all marke	te of starting any

Spudded 6/12/70, drilled 12 1/4" hole to T. D. of 71', ran 2 jts of 8 5/8" 24# casing landed at 71', cemented with 75 sacks circulated. Drilled out w/7 7/8" hole to TD of 1565', cemented w/100 sacks. Released rig and now waiting on completion unit as of 6/14/70.



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18. I hereby certify that the for soly is true and correct .	TITLE Sr. Production Clerk	DATE 6/15/70
(This space for Federal or State office use)	TITLE	DATE
CONDITIONS OF APPROVAL, IF ANY:		