Form 9-331 . day 1965)

FRACTURE TREAT

REPAIR WELL

SHOOT OR ACIDIZE

## UNITED STATES SUBMIT IN TRIPLICATE\* DEPARTMENT OF THE INTERIOR (Other instructions on reverse side)

MULTIPLE COMPLETE

ABANDON\*

CHANGE PLANS

	Form approv Budget Bure	red.	42R	1494
5.	LEASE DESIGNATION			

ALTERING CASING

ABANDONMENT\*

NM 12201 GEOLOGICAL SURVEY 6. IF INDIAN, ALLOTTEE OR TRIBE NAME 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.) 7. UNIT AGREEMENT NAME WE'L X GAS WELL 8. FARM OR LEASE NAME 2. NAME OF OPERATOR Marcelina William G. Gill 9. WELL NO. ADDRESS OF OPERATOR P.O. Box 4227, Corpus Christi, TX 78408 LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\* See also space 17 nelow.)
At surface 10. FIELD AND POOL, OR WILDCAT Marcelina/Dakota "A" 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 2310' FNL, 330' FEL of Sec. 24, T16N, R10W 24-16N-10W NMPM 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 12. COUNTY OR PARISH | 13. STATE 14. PERMIT NO. 7191' GR NM McKinley Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data 16 NOTICE OF INTENTION TO: REPAIRING WELL TEST WATER SHUT-OFF PULL OR ALTER CASING WATER SHUT-OFF

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) (Other) Extension on approved APD 17. DESCRIBE PROPOSE FOR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

FRACTURE TREATMENT

(Other) =

SHOOTING OR ACIDIZING

We respectfully request a six-month extension of the approved status of the APD for the #7 Marcelina well from July 18, 1979 to January 18, 1980.

Granted a 6 month extension to Jan. 9, 1980. Approval to drill will automatically expire at the end of 6 months.



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18. I hereby certify that the foregoing is true and correct SIGNED	TITLE	Geologist	DATE7-6-79	
(This space for Federal or State office use)				
APPROVED BY CONDITIONS OF APPROVAL, IF ANY:	TITLE		DATE	

nmacc. \*See Instructions on Reverse Side

James F. Semis