Form	9-331
(May	1903

UNITED STATES DEPARTMENT OF THE INTERIOR

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	Porm	approve	►đ.	
	Budget	Bures	u No.	42-R142
. LEASE	DEBIGS	CATION	ANL M	BRIAL NO.

G	EOLOGICAL SURVEY		_Contract	413
SUNDRY NOTICES AND REPORTS ON WELLS (Do not time this form for proposals to drill or to deepen or plug back to a different reservoir. Use "APPLICATION FOR PERMIT—" for such proposals.)		0. IF INDIAN, ALLOTTEE		
OIL GAB A OTHER			7. UNIT AGREEMENT NAI	-
2. NAME OF OPERATOR			S. FARM OR LEASE NAM	K
Dave M. Thomas. J	r		Chacon Jie	carilla
ADDRESS OF ()PERATOR			e. Wall Ro.	
P. O. Box 2026. F	armington, N.M.	87401	<u> </u>	
4. LOCATION OF WELL (Report location cle See also space 17 below.)	arly and in accordance with any S	tate requirements.	10. FIELD AND POOL, OR	WILDCAT
At surface			Ballard P.(a .
1850' FWL, 790	• FNL		11. BEC., T., E., M., OR B. SURVEY OR AREA	LE. AND
			22-T23N-R	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF,	RT, GR, etc.)	12. COUNTY OF PARISH	18. STATE
	7401 GR.		Sandoval	N.M.
16. Check Ap	propriate Box To Indicate No	ature of Notice, Report, or O	ther Data	
NOTICE OF INTENT	TION TO:	SUBSEQU	ENT REPORT OF:	
FRACTURE TREAT	ULL OR ALTER CASING ULTIPLE COMPLETE BANDON*	WATER SHUT-OFF FRACTURE TREATMENT SHOOTING OR ACIDIZING	REPAIRING W ALTERING CA ABANDONMEN	ABING

er) Change in Operator
(Norm: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.) (Other) 17. DESCRIBE PROPOSED OR 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.)*

Change in Operator

Keesee & Thomas From:

CHANGE PLANS

To: Dave M. Thomas, Jr.

Effective February 1, 1975

For: Dave M. Thomas, Jr. 18. 1 hereby certify that the foregoing is true and correct SIGNED Ewell N. Walsh	President, Walsh Engine	eering DATE 2-13-75
(This space for Federal or State office use)		
APPROVED BYCONDITIONS OF APPROVAL, IF ANY:	TITLE	DATE