Form \$-331 (May 1963)	UNITED ST DEPARTMENT OF T	TATES	SUBMIT IN TRIPLICA Other instructions on	Budget Bureau/No. 42-R1424
	GEOLOGICAL		( verse side)	5. LEASE DESIGNATION AND SERIAL NO. NM-0557389
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, ALLOTTEE OR TRIBE NAME
i.	- APPLICATION FOR PER	MIT—" for such propo	sals.)	7. UNIT AGREEMENT NAME
OIL CAS WELL OTHER  2. NAME OF OPERATOR				
Harry L. Bigbee by Bco, Inc.				8. FARM OR LEASE NAME. Nancy
3. ADDRESS OF OPERATOR P. O. B	9. WELL NO.			
4. LOCATION OF WELL (Re See also space 17 below	10. FIELD AND POOL, OR WILDCAT			
At surface 2310 t	Wildon to Man.  11. SEC., T., B., M., OR BLE. AND SURVEY OR AREA			
14. PERMIT NO.	12-24N-8W			
14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)  GL 7287				12. COUNTY OR PARISH 13. STATE
Check Appropriate Box To Indicate Nature of Notice, Report, or C				San Juan N.M.
N	OTICE OF INTENTION TO:	I marcare range		SEQUENT REPORT OF:
TEST WATER SHUT-OFF	PULL OR ALTER CA	SING	WATER SHUT-OFF	
PRACTURE TREAT	MULTIPLE COMPLE	<del></del>	FRACTURE TREATMENT	X ALTERING CASING
SHOOT OR ACIDIZE	ABANDON*		SHOOTING OR ACIDIZING	X ABANDONMENT* X
REPAIR WELL	CHANGE PLANS		(Other) Abandon	
(Other)			L'ornhiefton or Reco	ults of multiple completion on Well mpletion Report and Log form.) tes, including estimated date of starting any
reriora	ted 7131-7135, a ted 7179-7180 wi d per attached I	th 2 shots	•	shots per foot.
Fractur	e treatment per	attached D	owell Treatme	nt #15-06-3586
Recover Dakota	ed all but 20 ba formation had to	arrels of l much BS i	oad and lease n it for econ	use oil, however omical pumping.
Set $4\frac{1}{2}$ " Cast iron bridge plug at 7080.				Treatment of the control of the cont
Replaced pump and producing Graneros formation				ECELED (
		1	RILIVA	NOV 2 7 157
		{	0,100081967	
18. I hereby certify that th	e foregoing is true and correct	TITLE Agent	Dia To	DATE 11-24-67
(This space for Federal	or State office use)			
APPROVED BY TITLE CONDITIONS OF APPROVAL, IF ANY:				DATE
CONDITIONS OF APPI				
	¥C.	a Instructions on I	Variana Cid.	• • • • • • • • • • • • • • • • • • • •