Form 9-331 (May 1963)		UNITED STATES	SUBMIT IN TRIPLICA'	re- Budget	pproved. Bureau No. 42-R1424	
	DEPART	MENT OF THE INT	ERIOR verse side)	5. LEASE DESIGN	673	
(Do not use	UNDRY NO	TICES AND REPORT		G. IF INDIAN, AL	LOTTEE OR TRIBE NAME	
1. OIL GAS				7. UNIT AGREEME	INT NAME	
WELL WE	LL OTHER			8. FARM OR LEAS		
2. NAME OF OPERATOR  D. C. Drilling Company					Schlosser	
R & G Drilling Company						
3. ADDRESS OF OPER				9. WELL NO.		
c/o Walsh Engr. P.O. Box 254, Farmington, N.M. 87401					66	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*					DOL, OR WILDCAT	
See also space 17 below.) At surface					Kutz Farmington	
560'FNL, 330'FWL					11. SEC., T., E., M., OR BLK. AND SURVEY OR AREA	
					Sec. 27-T28N-R11W	
14. PERMIT NO.		15. ELEVATIONS (Show wheth	ner DF. RT. GR. etc.)	N.M.P.M	PARISH 13. STATE	
		5655'GR, 5665'		San Jua	n N.M.	
 16.		D T. I. J	as Nistana C Nistina Danasta	or Other Data		
Check / Appropriate Box 10 marcars 1 various of 1 various, surprist, or 1					ENT REPORT OF:	
	NOTICE OF INT	ENTION TU:	502	SECOLNI NEIGHT OF.	r	
TEST WATER SH	UT-OFF	PULL OR ALTER CASING	WATER SHUT-OFF	REPAI	RING WELL	
FRACTURE TREAT	r	MULTIPLE COMPLETE	FRACTURE TREATMENT	ALTE	ING CASING	
SHOOT OF ACIDIZ	ZE	ABANDON*	SHOOTING OR ACIDIZING		OONMENT*	
REPAIR WELL		CHANGE PLANS	(Other) See B		X	
(Other)	·		(Note: Report red Completion or Rec	sults of multiple comp completion Report and l	letion on Well Log form.)	
proposed work nent to this wo	c. If well is direc ork.) *	tionally drilled, give subsurface	tinent details, and give pertinent d locations and measured and true ve	ertical depths for all n	narkers and zones perti-	
8-22-78	B New Pi	BTD - 1300'				
	Set Te	emporary Cast In	on Bridge Plug at	1300'.	78	
		rated Farmingtor er foot. No fra	n Formation 739' - acture treatment.	753; with	3	
			F	SEP -7 19	D	
FOR: R &		ing Company	cesident, Walsh En	u S. GEOLOGICAL,	. H.	
SIGNED	ALK!	THE TITLE	Production Corp.	-	9/6/78	
(This space for	Federal or State of	office use)				
APPROVED BY	·	TITLE		DATE		
CONDITIONS O	F APPROVAL, IF	ANY:				

\*See Instructions on Reverse Side