| Form 9-331<br>(May 1968) | UNITED STATES  | ' (Λέλου (metematiana am ma               | Form approved. Budget Bureau \$6. 42-R1424. |  |  |  |
|--------------------------|--|---|---|--|--|--|
|                          | DEPARTMENT OF THE I  | NTERIOR verse side)                       | 5. LEASE DESIGNATION AND SERIAL NO.         |  |  |  |
|                          | GEOLOGICAL SUR   |   | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME        |  |  |  |
|                          | SUNDRY NOTICES AND REPO  |   |   |  |  |  |
| (Do not us               | this form for proposals to drill or to deepen Use "APPLICATION FOR PERMIT—"  | NOO-¢-14-20-4144                          |   |  |  |  |
| i.                       | AS   | 7. UNIT AGREEMENT NAME                    |   |  |  |  |
| WELL V                   | TOR  | S. FARM OR LEASE NAME                     |   |  |  |  |
|                          | Antweil  | Shiprock                                  |   |  |  |  |
| 8. ADDRESS OF OP         |  | 9. WELL NO.                               |   |  |  |  |
| P. O. B                  | ox 2010, Hobbs, New Mex  |   |   |  |  |  |
| See also space           | ELL (Report location clearly and in accordance 17 below.)  | 10. FIELD AND POOL, OR WILDCAT            |   |  |  |  |
| At surface               |  | Wildcat 11. BEC., T., B., M., OR BLK. AND |   |  |  |  |
| 660 ' F                  | SL & 1980' FWL   |   | SURVEY OR AREA                              |  |  |  |
|                          | 7000 102 0 1700 1112   |   | 7-28N-18W                                   |  |  |  |
| 14. PERMIT NO.           | 15. ELEVATIONS (Show   | whether DF, RT, GR, etc.)                 | 12. COUNTY OR PARISH 13. STATE              |  |  |  |
| `                        |  |   | San Juan   N. Mex.                          |  |  |  |
| 16.                      | Check Appropriate Box To Inc   | dicate Nature of Notice, Report, or C     | Other Data                                  |  |  |  |
|                          | NOTICE OF INTENTION TO:  | SUBSEQU                                   | UENT REFORT OF:                             |  |  |  |
| TEST WATER               | SHUT-OFF PULL OR ALTER CASING  | WATER SHUT-OFF X                          | REPAIRING WELL                              |  |  |  |
| PRACTURE TRE             | AT MULTIPLE COMPLETE   | FRACTURE TREATMENT                        | ALTERING CABING                             |  |  |  |
| SHOOT OR ACT             | <del></del>  | SHOOTING OR ACIDIZING                     | ABANDONMENT*                                |  |  |  |
| (Other)                  | CHANGE PLANS   | (Other) (NOTE: Report results             | of multiple completion on Well              |  |  |  |
| 17. DESCRIBE PROP        | 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any |   |   |  |  |  |
| nent to this             | 11 9 A.M. 7/18/72. Dri<br>8-5/8" - 20# J55 Casing  |   |   |  |  |  |
| circula                  | ted. WOC 12 hrs. and t   | ested casing for 1 hr.                    | at 500# PSI.                                |  |  |  |
| No dec1                  | ine in pressure. Drill   | ing ahead.                                |   |  |  |  |
|                          |  |   |   |  |  |  |
|                          |  |   |   |  |  |  |
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|                          |  |   |   |  |  |  |
|                          |  |   |   |  |  |  |
|                          |  | MUG 8 1972                                | 的是许有时经验。1000年                               |  |  |  |
| *                        |  |   |   |  |  |  |
| - , *                    |  | OIL COM. COM.                             | TO THE SURVEY.                              |  |  |  |
| •                        |  |   | M. M. M.                                    |  |  |  |

| 18. | I hereby certify that the foregoing is true, and correct |         |           |             |
|-----|--|---------|-----------|-------------|
|     | SIGNED Im I Mayor  | TITLE . | Geologist | DATE 8/4/72 |
| ٠   | 7 0 10 1   |         |           |             |
|     | (This space for Federal or State office use)             |         |           |             |
|     | APPROVED BY  | TITLE   |           | BATH        |
|     | CONDITIONS OF APPROVAL, IF ANY:                          | ******  |           |             |