Form 9-331				/	/
(May 1963)	DEDADT	UNITED STATES	SUBMIT IN TRIPLICATE	Form appro-	ved.
		MENT OF THE INTI GEOLOGICAL SURVEY		5. LEASE DESIGNATION	au No. 42-R14
	NM-01614				
(Do not use t	6. IF INDIAN, ALLOTTE	6. IF INDIAN, ALLOTTEE OR TRIBE NAM			
	Use "APPLICA	als to drill or to deepen or pl ATION FOR PERMIT—" for su	S ON WELLS lug back to a different reservoir. ch proposals.)		
				7 11315	
WE'LL GAS WEL 2. NAME OF OPERATOR				7. UNIT AGREEMENT N.	AME
South	8. FARM OR LEASE NAME				
3. ADDRESS OF OPERA	Thompson	/			
P. O. 1	9. WELL NO.				
See also space 17 i	#2-A				
At surface	,		• • • • • • • • • • • • • • • • • • •	10. FIELD AND POOL, O	
	Blanco Mesa Verde 11. SEC., T., B., M., OR BLK. AND				
	SURVEY OR AREA				
14. PERMIT NO.		15 Province (CI		Section 28, 7	เราหายาวเ
		15. ELEVATIONS (Show whether		12. COUNTY OR PARISH	13. STATE
16.	<u> </u>		71' GR	San Juan	NM
	Check Ap	propriate Box To Indicate	Nature of Notice, Report, or C	Other Data	
	NOTICE OF INTENT	NON TO:	1	ENT REPORT OF:	
TEST WATER SHUT	OFF P	CLL OR ALTER CASING	WATER SHUT-OFF	7	
FRACTURE TREAT	М	ULTIPLE COMPLETE	FRACTURE TREATMENT	REPAIRING W	<u> </u>
SHOOT OR ACIDIZE REPAIR WELL		BANDON*	SHOOTING OR ACIDIZING	ABANDONMEN	J I
(Other)		HANGE PLANS	(Other) Spud and Ca	sing Report	X
17. DESCRIBE PROPOSED	OR COMPLETED OPER	ATIONS (Clearly state all pertin	Completion or Recomple ient details, and give pertinent dates, cations and measured and true vertical	of multiple completion o	n Well n.)
nent to this work.	well is direction	ally drilled, give subsurface lo	ecations and measured and true vertical	including estimated date depths for all markers	of starting an
					nones perti
1-12-79	set at	230'. Cemented w	hole at 7:30 PM, 1-11-7 nts of 9 5/8", 36#, K-5 ith 125 sacks of Class Cl ₂ . Plug down at 2:00	5, 8 Rd casing	
	Cement	circulated to surf	face.	AM, 1-12-79.	
				1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	$\frac{1}{3}$
				JAN I'm	E.K.
				Joir cont on	101.
_	<u> </u>	1		V 0157. 3	
I hereby certify that	the foregoing is tr	ue and correct			
SIGNED	3/10/	TITLEDIST	trict Production Manage	r _{DATE} 1-12-	-79
(This space for Feder	al or State office ú	se)			
APPROVED BY		M×m			
CONDITIONS OF AP	PROVAL, IF ANY	TITLE		DATE	

*See Instructions on Reverse Side