Form 9–331 (May 1963)		UNI D STA MENI OF TH GEOLOGICAL S	E INTERIC	Cother Instructions	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Form approved. Budget Bureau N EASE DESIGNATION AND NM-067693		
Lo not use th	NDRY NO	FICES AND RI		sk to a different reservoir		F INDIAN, ALLOTTEE OR	TRIBE NAME	
(Do not use this form in proposals of the PERMIT for such proposals.) 1. 01L X 6A8						7. UNIT AGREENENT NAME		
WELL A WELL OTHER 2. NAME OF OPERATOR						8. FARM OR LEASE NAME		
Gene Milfor 3. ADDRESS OF OPERA	rob.			·		Toles Federal WELL NO.		
 C/O Oil Rep LOCATION OF WELL See also space 171 At surface 	orts & Gas (Report location jelow.)	Services, Ir clearly and in accord	ance with any S	63, Hobbs, NM 882 tate requirements.•	41 10.	1 FIELD AND FOOL, OR WI Sawyer San And		
1980' FNL & 660' FEL of Sec. 13						11. SPC., T., R., M., OR BLK. AND SURVEY OR ABEA Sec. 13, T9S, R37E		
14. PERMIT NO.		15. ELEVATIONS (S	how whether DF, 1 191 KB	at, GR, etc.)		COUNTY OF PARISH 13.		
16.	Check A	ppropriate Box To	o Indicate No	iture of Notice, Report, c	or Other	Data		
NOTICE OF INTENTION TO :					SUBSEQUENT REPORT OF:			
TEST WATER SHU' Fracture treat Shoot or acidize	- <u>v</u>	PULL OR ALTER CASE MULTIPLE COMPLETE ABANDON*	×u	WATER SHUT-O FF Fracture treatment Shooting or acidizing		REPAIRING WELL ALTERING CASING ABANDONMENT [®]		
REPAIR WELL (Other)	لــــا 	CHANGE PLANS		(Other) (Note: Report res Completion or Rec details, and give pertinent d	ompletion	ultiple completion on V Report and Log form.)		
	It is p regular	•	eidize exi	sting perfs with	500 [°] ga	FEB I BUR ROSWE	RECEIVED	
18. I hereby certify th BIGNED	rderal of Stap R ed) PETER - APPROVAL, IF	CHESTER NY: 21 1201	TITLE	Agent on Reverse Side		DATE January	31, 1984	

MAP 20 1984 MAP 20 1984 MOBES COFICE