-	XERO	COBA	
Forn. (Mayb)	UNITED STATES	SUBMIT IN TRIPLICATE.	Form approved.
	DEPARTMENT OF THE INTE	RIOR (Other instructions on re-	Budget Bureau No. 42-R1424. 5. LEASE DESIGNATION AND SURIAL NO.
SIII		2021348140	6. IF INDIAN, ALLOTTEE OR TEIBE NAME
(Do not use th	NDRY NOTICES AND REPORTS is form for proposals to drill or to deepen or pl Use "APPLICATION FOR PERMIT" for suc	o CN WELLS ug back to a different reservoir.	OK TEIDE NAME
1.	The succession of the second o	h proposals.)	
WELL GAS WELL 2. NAMP OF OPERATOR	OTHER DRILLING		7. UNIT AGREEMENT NAME
Tani (1)	misian Dito	1. 0	8. FARM OR LEASE NAME
3. ADDRESS OF OPERAT	OR O CONTRACTOR	eum corp	FEDERAL A
4. LOCATION OF WELL	(Report location clearly and in accordance with	n 88240	5
See also space 17 be At surface	clow.)	iny State requirements.*	10. FIELD AND POOL, OR WILDCAT
_ ,		/ //	UNDESIGNATED - DEU. 11. SEC., T., R., M., OR BLK. AND
810 FSL	. x 1980' FWL Sec.	13 (UNIT M. SE/SE/SE/	SURVEY OR AREA
14. PERMIT NO.	15. ELEVATIONS (Show whether		13-9-35 N.M.P.M.
	·		LER N. M
16.	Check Appropriate Box To Indicate	Nature of Notice, Report, or O	ther Data
	NOTICE OF INTENTION TO:	•	NT REPORT OF:
TEST WATER SHUT-		WATER SHUT-OFF	REPAIRING WELL
FRACTURE TREAT SHOOT OR ACIDIZE	MULTIPLE COMPLETE ABANDON*	FRACTURE TREATMENT	. ALTERING CASING
REPAIR WELL	CHANGE PLANS	SHOOTING OF ACIDIZING	ABANDONMENT*
(Other)		(NOTE. Report results of	f multiply completion on Well tion Report and Log form.)
proposed work. I nent to this work.)	OR COMPLETED OPERATIONS (Clearly state all perting well is directionally drilled, give subsurface to	ent details, and give pertinent dates, i cations and measured and true vertical	ncluding estimated date of starting any depths for all markers and gones parti-
5-35 + A. With 475 91. O. C	sy. Incar. Cer	ng uras set funt circul	at 460'
18. I hereby certify that	the foregoing is trap, and porrect		
SIGNED	TITLE C	irea Supi	DATE 5-17-65
(This space for Fede	ral or State office use)		DATE VIIIO
APPROVED BY	True to	<u>.</u> .	
CONDITIONS OF A	PPROVAL, IF ANY:	A	PROVED
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