	NI NA.	o. c.	C. COPY		COALTOSF
Form 9-331 (May 1963)	UNFTD STATES		SUBMIT IN TRIPL		Bureau No. 42-R1424.
	DEPARTMEN OF THE INT		verse side)	5. LEASE DESIGNAT	MON AND SERIAL NO.
	GEOLOGICAL SURVEY			NM 05589	73
SUI	NDRY NOTICES AND REPORT	S ON	WELLS		
(Do not use thi	s form for proposals to drill or to deepen or p Use "APPLICATION FOR PERMIT-" for su	ich proposi	als.)		
1				7. UNIT AGREEMEN	T NAME
WELL GAS	XX OTHER			S. FARM OR LEASE	NAME
2. NAME OF OPERATOR	Pue and P. N. Munou In			Itilita Ro	domo 1
C. E. LaRue and B. N. Muncy, Jr. V 3. ADURESS OF OPERATOR				9. WELL NO.	
P. O. Box 196, Artesia, New Mexico 88210 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*				4	
See also space 17 b	(Report location clearly and in accordance with elow.)	10. FIELD AND FOO			
At surface 6601 fro	m North and 1980! from West	lines	of section 20.	Undesign 11. sec., t., R., M. SUBVEY OR	OR BLK. AND
660' from North and 1980' from West lines of section 20, T 14S, R 28E.				Section 20	
				T 145 R 28	
14. PERMIT NO.	15. ELEVATIONS (Show wheth 3550 GL	ier DF, RT,	GR, etc.)		
				Chaves	<u>N.M.</u>
16.	Check Appropriate Box To Indica	te Natu	re of Notice, Report, a	or Other Data	
	NOTICE OF INTENTION TO:		SUB	SEQUENT REPORT OF:	
TEST WATER SHUT	POFF PULL OR ALTER CASING		WATER SHUT-OFF	XX REPAIR	ING WELL
FRACTURE TREAT	MULTIPLE COMPLETE		FRACTURE TREATMENT		NG CASING
SHOOT OR ACIDIZE	ABANDON*		SHOOTING OR ACIDIZING	ABANDO	ONMENT [•]
REPAIR WELL	CHANGE PLANS		(Other) (Note: Report real	sults of multiple comple	etion on Well
(Other)	OR COMPLETED OPERATIONS (Clearly state all per		Completion or Rec	ompletion Report and L	og form.)
nent to this work	9/27/76, ran 204! of 8 5/8"				
150 sack	s. Drilled out from under s	surfac	e 9/28/76, ran 1	.584' of 5½'' us	sed 15½#
	α				
casing,	cemented with 150 sacks 10/2	L/ /0•			
				* **	
					Dr
					RECEIVED OCT 0 5 1976
RE	GEIVE				-IVED
					UCT 0 5 1970
01	CT 7 1976			U. S.	GEOLOCICAL SURVEY TESIA, NEW MEXICO
				AR;	TESIA, NEW MEXICO
	Carlos Ca				MEXICO
AR	TEBIA, OFFICE				
	hat the foregoing is true and correct				
18. I hereby certify t	SSIS A	\cap	perator		ctober 1, 1976
SIGNED	TITLE	0		DATE	
(This space for F	ederal or State office use)				
APPROVED BY	Vac D. Lara TITLE		······································	DATE	· · · · · · · · · · · · · · · · · · ·
CONDITIONS OF	APPROVAL, IF ANY:				
V					

*See Instructions on Reverse Side