Form 9-331

UNITED STATES SUBMIT IN TRIPL

M:	ay 1963)	, ,	(Other instructions	re-	Duaget Durea	u 110. 42-101421
•	DEPARTME	NT OF THE INTE	RIOR (Other Instructions verse side)		ASE DESIGNATION	AND SERIAL NO.
	GEC	N.	M. 558973			
	SUNDRY NOTICE (Do not use this form for proposals Use "APPLICATIO	S AND REPORTS to drill or to deepen or plus FOR PERMIT—" for suc			INDIAN. ALLOTTEE	OR TRIBE NAME
Ι.				7. UN	IT AGREEMENT NA	71 12
	WELL GAS X OTHER		MAY 1 3 1980			
2.	NAME OF OPERATOR		± 0 1000	S. FA	BM OR LEASE NAM	E
	C.E. LaRue and B.N. Mu	ncy, J.R.	O, C, D	Lil	lie Federa	Com
3.	ADDRESS OF OPERATOR			9. WE	LL NO.	
	D 0 D 100	i. N Mania	ARTESIA, OFFICE		6	•
1.	P.O. Box 196 Artes Location of Well (Report location clear See also space 17 below.)	10. в	IELD AND POOL, OR	WILDCAT		
	At surface	S a	Sams Ranch Grayburg 3			
				11. 8	EC., T., R., M., OR B. SURVEY OR AREA	LK. AND
	1980' FNL & 1980'FEL,	Se	ction 17,	Г14s R28E		
14.	PERMIT NO.	12. c	OUNTY OR PARISH	13. STATE		
	<u> </u>	3564.5_GL		_Ch	avas	N. M.
В.	Check Appro	priate Box To Indicate	Nature of Notice, Report,	or Other [)ata	
	NOTICE OF INTENTION	TO:	ļ st	BSEQUENT RE	PORT OF:	

NOTICE OF INTENTION TO:			SUBSEQUENT REPORT OF.			
	1		(7		٦ - ١	
EST WATER SHUT-OFF		FULL OR ALTER CASING		WATER SHUT-OFF	REPAIRING WELL	
RACTURE TREAT		MULTIPLE COMPLETE		FRACTURE TREATMENT	ALTERING CASING	
SHOOT OR ACIDIZE		ABANDON*		SHOOTING OR ACIDIZING	ABANDON MENT*	
EPAIR WELL		CHANGE PLANS		(Other)		
Other)				(Note: Report results Completion or Recomple	of multiple completion on Well etion Report and Log form.)	

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.) *

Drilled Out from under inermediate casing @ 1585 with power swivet to TD of 1630's Well shut in waiting on decision to attempt treatment or to plug.

18. I hereby certify that the foregoing is true and correct APPROVED BY DES. Solly GEORGE H. STEWART MAY 12 1099 TITLE _ DATE _ CONDITIONS OF APPROVAL, IF ANY: