N. M. O. C. C. COPY UN TD STATES

DEPARTMENT OF THE INTERIOR

SUBMIT IN TRIPL

(Other instructions reverse side)

71 Form approved. Budget Bureau No. 42-R1424. Form 9-331 (May 1963) 5. LEASE DESIGNATION AND SERIAL NO. 025527A GEOLOGICAL SURVEY 6. IF INDIAN, ALLOTTEE OR TRIBE NAME SUNDRY NOTICES AND REPORTS ON WELLS (Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.

Use "APPLICATION FOR PERMIT—" for such proposals.) 7. UNIT AGREEMENT NAME OIL GAS WELL OTHER 8. FARM OR LEASE NAME NAME OF OPERATOR Berry A ADDRESS OF OPERATOR LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)

At surface 19.60 Park Process Tool Line Ween 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 24 7178 B278 2310ft. from W. line and 1650ft. from W. line 12. COUNTY OR PARISH | 13. STATE 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 14. PERMIT NO. Wew Mexico Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data 16.

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

SHOOT OR ACIDIZE

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON\*

CHANGE PLANS

er)
(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) (Other)

(Note: Report results of multiple completion on Well Completion or Recompletion 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.)\*

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

Plugged back total depth 1700ft.
Perforated 5%" casing 1172-78%t.
Ren 2%" tubing with "aker Wodel & Packer on bottom at XXXX 1125%t. Used 1000 gal. acid a ead of mand and Frac. W/ 25,000# sand % jelled. Completed 11-30-65 see form C-122 At ached.

DEP - 1 STAF

RECEIVED

DEC 1 O SURVEY

OF SUFUL OF SURVEY

NEXICO

REPAIRING WELL

SUBSEQUENT REPORT OF:

I hereby certify that the foregoing is true and correct SIGNED Charles & Labrason	TITLE	DATE 12-9-65		
(This space for Peteral or State office use)				
ATT OVED BY ROVAL, III ANY:	TITLE	DATE		
OF O 13 ROTHER R. L. O'STRICT ENGINEER				
R. L. BOTRICT ENTERNANCE OF THE STREET STREE	See Instructions on Reverse Side	•		

0.024 115.76 0.604 38.2 83.06 1.173 1.376 0.092 63.10 1.966 0.131 63.23

5.									
Absolute Poten				MCFPD; n	.82899				
COMPANY	DENT	ON OIL COMPA	NY						
ADDRESS	P. 0	. BOX 4359							
ACENT and TITL	E C. J	. JORDAN, JA	GAS	ENGINEER					.,
WINESED	,						***************************************		
COMPANY								×1	
				REMARKS		······································		N V	