Form 9-331 (May 1963)

16.

U ED STATES SUBMIT IN TRIL ATE* DEPARTMENT OF THE INTERIOR (Other instruction, n re-

Form approved. Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

			010-5				
6.	IF	INDIAN,	ALLOTTEE	OR	TRIBE	NAME	

	GEOL	OGICAL	SURVEY		
SUNDRY	NOTICES	AND	REPORTS	ON	WELLS

	(Do not use this form for proposals to drill or to deepen or plug back Use "APPLICATION FOR PERMIT—" for such propo	sals.)		
1.	OIL GAS WELL OTHER	RECE	IVE	7. UNIT AGREEMENT NAME
2.	NAME OF OPERATOR William P. Dooley	8 VON	1974	8. FARM OR LEASE NAME Hastle Rodoral
3.	P. O. POX 37, Loco Hills, N.M. 88255	O. C	. C.	9. WELL NO.
1.	LOCATION OF WELL (Report location clearly and in accordance with any Sta See also space 17 below.) At surface	te requirementala,	OFFICE	10. FIELD AND POOL, OR WILDCAT Empire Y-SR
	330' from S. line. 990' from E. line.			11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
14.	PERMIT NO. 15. ELEVATIONS (Show whether DF, RT,	GR, etc.)		12. COUNTY OR PARISH 13. STATE R. N. M.

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data							
NOTICE OF INTENTION TO:			SUBSEQUENT REPORT OF:				
TEST WATER SHUT-OFF		PULL OR ALTER CASING		WATER SHUT-OFF	REPAIRING WELL		
FRACTURE TREAT		MULTIPLE COMPLETE		FRACTURE TREATMENT	ALTERING CASING		
SHOOT OR ACIDIZE		ABANDON*		SHOOTING OR ACIDIZING REPORTS	on T. A. well	XXX	
REPAIR WELL		CHANGE PLANS		(Other)			
(Other)			<u></u>	Completion or Recompleti	multiple completion on Wellon Report and Log form.)		
THE STATE OF THE S	ALDI DERI	openations /Cloudly state	all portinoni	t details and give pertinent dates in	cluding estimated date of st	arting a	

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.) *

Intend to return to production as soon as equipment can be secured.

U.S. GEOLOGICAL SURVEY
MEXICO

18. I hereby certify that the foregoing is true and correct SIGNED SOURCE	TITLE Operator	DATE 10/30/74
APPROVED BY CONDITIONS OF APPROVAL, IF ANY: UNLESS FURTHER BE PUT TO BENEF	TITLE WELL MUST APPROVED. WELL MUST FICAL USE OR PLUGGED BY RI 1127 1975 See Instructions on Reverse Side	DATE