N. M. O. C. -

Form 9-331 (May 1963)

16.

TED STATES DEPARTMENT OF THE INTERIOR (Other instruction verse side)

GEOLOGICAL SURVEY

SUBMIT IN TR

CATE*

Form approved. Budget Bureau

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5.	LEASE	DESIGN		SERIA	L NO

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	CHNIDAA	NOTICES	$\Delta NII)$	KEPU JKIK	ON WELLS	
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	ngo this form fo	r proposals to	drill or to	deenen or nine	back to a different	
ι	use this form it	T proposais to	TOD DEDI	MIT " for such	, back to a diderent	

Ď.	IF	INDIAN,	ALLOTTEE	OR	TRIBE	NA

LC-061638

See also space 17 below.) At surface 11. SEC, F., R., M., OR BLK. AND SURVEY OR AREA	3. ADDRESS OF OPERATOR P. O. Box \$16. Loco Hills, New Moxico 88255 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*	9. WELL NO. 10. FIELD AND POOL, OR WILDCAT
SURVEY OF AREA	See also space 17 below.)	Mich Language
	660' FML and 990'FML of Section 13, Twp. 16-5, Rgs. 29-E	
	14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)	12. COUNTY OR PARISH 43. STATE
14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 12. COUNTY DE PARISH 13. STATE	3747 DF	Bddy H.M.

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:			SUBSEQUENT REPORT OF:			
TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE		PULL OR ALTER CASING MULTIPLE COMPLETE ABANDON*		WATER SHUT-OFF FRACTURE TREATMENT SHOOTING OR ACIDIZING	REPAIRING WELL ALTERING CASING ABANDONMENT*	
REPAIR WELL (Other)		CHANGE PLANS			Inst-in Status Its of multiple completion on Wel Appletion Report and Log form.)	II

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.)*

This well is still part of an active waterflood unit and we request to hold this well for possible use either as an injection well or producing well prior to the economic limit of this flood.

RECEIVED

	OCT 24 1975 1875 1875 1010	STONE TO THE STONE OF THE STONE
	O. C. C. ARTESIA, OFFICE	MESURUS STATE OF THE STATE OF T
18. I hereby certify that the oregoing is true and correct SIGNED	TITLE District Superintendent	DATE September 16, 1975
APPROVED APPROVAL, IF ANY:	TITLE APPROVED, WELL MUST FURTHER APPROVED, OR PLUGGED BY	DATE

ACTING DISTRICT ENGINEER

*See Instructions on Reverse Side