	N_{\star} M_{\star}	Or Con Carl Carlos		
Form 9-331 (May 1963)	DEPARTMENT OF THE INTER	SUBMIT IN TRAT SPE Other Instruction - P	5. CRASE DESIGNATION	AND SERIAL NO.
	GEOLOGICAL SURVEY	LC-067610-A		
	JNDRY NOTICES AND REPORTS this form for proposals to drill or to deepen or plug Use "APPLICATION FOR PERMIT of for such	back to a different reservoir.	6. IF INDIAN, ALLOTTE	E OR TEIBE NAME
L. OIL GAS WELL VED	a Barnes Water Injectio	唐 20 11 克 1 15 g	7. UNIT AGREEMENT N	
2. NAME OF GEDIATE	(R	8. FARM OR LEASE NAME		
Genera 3. ADDRESS OF OPER	1 American Oil Company of Texas	Bosworth 9. WELL NO.		
4. DOCATION OF WEL See also space 17	Box 416, Locc Hills, New Mexico	10. FIELD AND POOL, OR WIEDCAT		
Ac surface			High Lonesome	
	1930' FSL and 660 ' FEL of Twp. 16-S, Rge. 29-E	Section 14,	11. SEC., T., R., M., OR SURVEY OR AREA	
14, PERMIT NO.	15. ELEVATIONS (Show whether	5⊧, kT, GR, et c .)	Sec. 14 T-16 12. COUNTY OF PARISE	-S. R-29-E
	<u>3718' D</u>	F	Eddy	N.M.
16.	Check Appropriate Box To Indicate	Nature of Notice, Report, or	Other Data	
NOTICE OF INTENTION TO: SUBSEC			QUENT REPORT OF:	
TEST WATER SHI	UT-OFC . PULL OB ALTER CASING	WATER SHUT-OFF	REPAIRING	WELL
FRACTURE TREAT	MULTAPLE COMPLETE	FRACTURE TREATMENT	ALTERING C	ASING
SHOOT OR ACIDIZ	E ABANDON*	SHOUTING OR ACIDIZING	ABANDONME	NT*
REFAR WELL (Other)	CHANGE PLANS	(Other) Shut-in Statue (NOTE: Report results of multiple completion on Well		
17. DESCRIBE PROPOSE	The of COMPLETED OPER CIENS (Clearly state all pertin- , ff well is directionally drilled, give subsurface loc rk.) *	at details, and give pertinent date		te of starting any

This well is still in an active waterflood unit and we are studying the possibility of infill drilling. We request additional shut-in time on this well as it may be used for production or injection at a later date.

Well was shut in October 1971 for economical or mechanical reasons.

After feasibility studies are completed work should be commenced within the next two years.

		DECENTED OCT 29137A U.S. CFOLOGICAL SURVEY ARTLASIA; NEW MEXICON
18. I hereby certify that the foregoing is true and correstion of the second signal second se	eet TITLE District Superintendent	
APPROVED BY CONDITIONS OF APPROVAL IF ANY: UNESS TO F	THER TAPEBOVED. WELL MUST THER TAPEBOVED. WELL MUST DENSFICAL USE OR FLUGGED BY OCT 12 1975 OCT 12 1975 *See Instructions on Reverse Side	DATE
STRUE OF IT	*See Instructions on Reverse Side	