	N. M. O. C. C.	. COPY ~ C	opy le st.
Form 9-331 (May 1963)	JNITED STATES DEPARTMENT OF THE INTE		Form approved. Budget Bureau No. 42  5. LEASE DESIGNATION AND SERIA
<del></del>	GEOLOGICAL SURVEY		NM OUD
SUI	NDRY NOTICES AND REPORTS	S ON WELLS	6. IF INDIAN, ALLOTTEE OR TRIBE
(Do not use thi	s form for proposals to drill or to deepen or pluse "APPLICATION FOR PERMIT—" for suc	ug back to a different reservoir	4.
1.	Use "APPLICATION FOR PERMIT-" for suc	ch proposals.)	
OIL DE GAS		1 :	7. UNIT AGREEMENT NAME
WELL WELL  2. NAME OF OPERATOR.	OTHER Water Juste	ction_	
Z. NAME OF OPERATOR	in C		8. FARM OR LEASE NAME
3. ADDRESS OF OPERATO	meco Oil Company		Fremier Unit
12	-1 1031 Will	1,	9. WELL NO.
4. LOCATION OF WELL (	Report location clearly and in accordance with a	Jefar 19701	15
See also space 17 be At surface	low.)	and State requirements.	10. FIELD AND POOL, OR WILDCAT
			Henshaug West Fran
110	'FNL + 1980' FE	,	11. SEC., T., P., M., OR BLE AND SURVEY OR AREA
660	THE FIND TE	<b>-</b>	18 10 -11 0
14. PERMIT NO.	15. ELEVATIONS (Show whether	r DF, RT, GR, etc.)	12. COUNTY OF PARISH   13. STATE
	374		
16.			Eddy New
	Check Appropriate Box To Indicate	: Nature of Notice, Report, or C	Other Data
	NOTICE OF INTENTION TO:	1	UENT REPORT OF:
TEST WATER SHUT-C	PULL OR ALTER CASING	WATER SHUT-OFF	PERMITTER
FRACTURE TREAT	MULTIPLE COMPLETE	PRACTURE TREATMENT	REPAIRING WELL  ALTERING CASING
SHOOT OR ACIDIZE	ABANDON*	, SHOOTING OF ACIDIZING	ABANDONMENT*
REPAIR WELL	CHANGE PLANS	(Other) Convert to	a Water Ini. X
(Other)	R COMPLETED OPERATIONS (Clearly state all pertin well is directionally drilled, give subsurface lo	(Note: Report results Completion or Recompl	of multiple completion on Well letion Report and Log form.)
1. Inl 2. Jan	led tubing, gas ly	lt valves and 2759!	l Jacker
3. Ra 4. B	aged bottom at in injection but egan injection	lung with pur	cher at 264
	D == -		The second second
	REST	JUL	
		4. 13 JUL	-311/69
	AU3	· · · · · · · · · · · · · · · · · · ·	
		44.000	THE SECOND STATES OF THE SECOND SECON
		- 14-3-4	1000 医皮肤皮肤 1000 1000 1000 1000 1000 1000 1000
	ARTEBIA, OFFI	•	
18. I hereby certify that	the foregoing is true and correct		
The state of the s		1	
SIGNED &	. Williams TITLE In	oduction Enginee	PATE 7-30-69
(This space for Feder	al or State office use)		
ADDDOUGE	·	•	
CONDITIONS OF API	PROVAL, IE NOVE	-	_ DATE
(This space for Feder APPROVED BY CONDITIONS OF APPROVED FOR RECORD P	URPOSES		
RECORD P	1 S. Marie		
TED FOR ALL	*See Instruction	D	
3 1 1969 ACTING D	istrict Engine See Instruction	s on Reverse Side	
3 L ACTING D	-	•	;
ate	•	•	
acc			