	1 46 IV	C. C. CUPT			CopyliSF
Form 9-331 (May 1963)	DEPARTM	IN D STATES IENT OF THE IN EOLOGICAL SURV	IERIOR verse side)	rripi re* actions on re-	Form approved. Budget Bureau No. 42-R1424. 5. LEASE DESIGNATION AND SERIAL NO. LIC 063933
SU (Do not use th	NDRY NOTI	CES AND REPO	RTS ON WELLS r plug back to a different r	ELYE (6. IF INDIAN, ALLOTTEE OR TRIBE NAME
OIL GAS WELL OTHER			MAR 3		7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR					8. FARM OR LEASE NAME
ARWOOD LTD.V				<u>c. c</u>	Etz "A" Federal
3. ADDRESS OF OPERATOR				, OFFICE	9. WELL NO.
Petroleu	M Building	J-Tower Suite	, ROSWEll, N. ith any State requirements.*	M. 8820	10. FIELD AND POOL, OR WILDCAT
4. Elecation of which See also space 17 t At surface	elow.)	carly and in accordance w	in all but requirements.		Sq.Lake;Gbr; S.A.
1980' FN	۸ľ			11. SEC., T., B., M., OR BLK. AND	
	T16S, R30				SURVEY OR ABBA Sec.25, T16S.R30E NMPI
14. PERMIT NO.		15. ELEVATIONS (Show wh	ether DF, RT, GR, etc.)		12. COUNTY OR PARISH 13. STATE
		<u>3847 K</u>	B		Eddy NM
16.	Check Ap	propriate Box To Indi	cate Nature of Notice,	Report, or C)ther Data
	NOTICE OF INTEN	•	-		JENT REPORT OF:
TEST WATER SHU		ULL OR ALTER CASING	WATER SHUT	075	REPAIRING WELL
FRACTUBE TREAT		ULTIPLE COMPLETE	FRACTURE TR		ALTERING CASING
SHOOT OR ACIDIZE		BANDON*	SHOOTING OR	ACIDIZING	ABANDONMENT [®] X
REPAIR WELL	c	HANGE PLANS	(Other)	Bonowt wogulta	of multiple completion on Wall
(Other)			Comple	tion or Recomp	of multiple completion on Well letion Report and Log form.)
17. DESCRIBE PROPOSED proposed work. nent to this work	If well is directio	AATIONS (Clearly state all nally drilled, give subsurfa	pertinent details, and give pace locations and measured a	ertinent dates, and true vertice	including estimated date of starting any al depths for all markers and zones perti-
• •		Ran tubing t s. Spotted g	o T.D. Spotted elled mud.	50 sx.	plug across
@ dr	750'. Cut	t well head o	ff. Set 25' s	urface	sack cement plug plug. Erected led mud between each
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			4.0	PECEI JUL 28 19, DLOGICAL SUL NEW MEXIC	VED
			ARTE	0100 ⁻⁰ 19,	75
			"ESIA	NGICAL C	
				W MEY	ever
10. 7. 1		tone and antipact		J/r~	0
18. I hereby certify th	hat the foregoing is	true and correct			
SIGNER	- III.L	TITL	E Agent		DATE 7/22/75
(This space for E	ederal or State offic	ce use)			
-	トワ	TITL	Е		DATE
CONDITIONS OF	APPROVAL, IF A	NY:			
MAR - 213	10				where al
MIT BLEKIN	AMIN				The way
ACTING DISTRICT	NICINEEN	*See Inst	ructions on Reverse Side	1	J. D. J. 16
ACTING DIST.					135