	NI.	N 2 C C	COPY				CIST	
Form 9-331 (May 1963)	DEPART	UNITED STAT MENT OF THE GEOLOGICAL SU	ES INTERIOR	SUBMIT IN TRIPLI (Other instructions verse side)	CATE*	Form approved Budget Bureau 5. LEASE DESIGNATION F	1 No. 42R1424.	
		ICES AND REI		WELLS o a different reservoir.		6. IF INDIAN, ALLOTTEE	OR TRIBE NAME	
OIL GAS X OTHER Injection						7. UNIT AGREEMENT NAME		
2. NAME OF OPERATOR  Arwood, Ltd. 3. Address of Operator						S. FARM OR LEASE NAME  LOE FEDERAL  9. WELL NO.		
P. O. Box 8 Loco Hills, New Mexico 88255  4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*  See also space 17 below.)  At surface						6 10. FIELD AND POOL, OR WILDCAT		
					,  -	Sq. Lake-Grayl 11. SEC., T., B., M., OR BI SURVEY OR AREA	ourg San Andr	es
2630' FNL 2630 FEL Unit H						25-16-30		
14. PERMIT NO.		15. ELEVATIONS (Sho	w whether DF, RT, G	R, etc.)		12. COUNTY OR PARISH	13. STATE	
						Eddy	NM	
16.	Check A	opropriate Box To	Indicate Natur	e of Notice, Report	, or Ot	her Data		
	NOTICE OF INTER		1			NT REPORT OF:		
TEST WATER SH FRACTURE TREAT SHOOT OR ACIDE REPAIR WELL (Other)		PULL OR ALTER CASING MULTIPLE COMPLETE ABANDON* CHANGE PLANS	X	WATER SHUT-OFF  FRACTURE TREATMENT SHOOTING OR ACIDIZIN (Other) (NOTE: Report Completion or R	results o	REPAIRING WALTERING CAS ABANDONMENT f multiple completion of the completion of the completion of the completion of the completion and the completion of the completion and the completion are completed to the completion and the completion are completed to the completion are completed to the complete to	a Well	
Proposed work nent to this work nent to the total nent to this work nent to the total nent to the tota	ose to plug approval. cement retain well bore well bore well and squeeze mud to 430	and abandon a ner 100' abov	thove well to top perform plus 10 tese of salt tesurface. tent to 295	in the followi oration. sacks into fo	ing ma	Lon.	of starting any and zones perti-	