NMOCC COPY Form approved. Budget Bureau No. 42-R1424. SUBMIT IN TRIPLICA Form 9-331 (May 1963) UNITED STATES DEPARTMENT OF THE INTERIOR (Other instructions on re-5. LEASE DESIGNATION AND SERIAL NO. GEOLOGICAL SURVEY 6. IF INDIAN, ALLOTTEE OR TRIBE NAME SUNDRY NOTICES AND REPORTS ON WELLS (Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.

Use "APPLICATION FOR PERMIT—" for such proposals.) 7. UNIT AGREEMENT NAME EBEIVED 8. FARM OR LEASE NAME NAME OF OPERATOR McIntyre A Holly Energy Inc . 9. WELL NO. 3. ADDRESS OF OPERATOR FEB 1 0 1978 Artesia N.M. 88210 Box 726 LOCATION OF WELL (Report location clearly and in accordance with any State requirements. 10. FIELD AND POOL, OR WILDCAT Grayburg-Jackson (a.6 At surface ARTES:A, OFFICE 11. SEC., T., R., M., OR BLK. AND 990 FEL 990 FSL Sec 20 T17S R30 E Sec 20 T17S R30 E 12. COUNTY OR PARISH | 13. STATE 14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.) N.M. 3631 DF Eddv Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO: WATER SHUT-OFF REPAIRING WELL PULL OR ALTER CASING TEST WATER SHUT-OFF FRACTURE TREAT MULTIPLE COMPLETE PRACTURE TREATMENT SHOOTING OR ACIDIZING BANDONMENT\* ABANDON\* SHOOT OR ACIDIZE CHANGE PLANS (Other) REPAIR WELL (Note: Report results of multiple completion on Wel Completion or Recompletion Report and Log form.) (Other) 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.) \* The Gas off this well is commingled with gas from McIntyre A-4. In 'he past year we have tried to flow well several times, but no pressure. We are planning on re-entering the well in the near future and making a San Andres well.

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8. I hereby certify that the foregoing is true and correct SIGNED Local Loyal	TITLE _	Superintendent	DATE 2-6-78
(This space for Federal or State office use)  APPROVED BY CONDITIONS OF APPROVAL, IF ANY:	TITLE _	ACTING DISTRICT ENGINEER	DATE FEB 9 - 1978

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