Capy to ST

Form 9-331 (May 1963)	DEPARTM	NI. ED STATE ENT OF THE OLOGICAL SUI	INTERIOR	SUBMIT IN TRI (Other instruction verse side)	obs on re-	Budget LEABE DESIGN LC-0289	36-е	BERIAL NO.
(Do not use	SUNDRY NOTICe this form for proposal Use "APPLICAT	ES AND REP	n or plug back t for such proposi	WELLS o a different reserv	olr.	IF INDIAN, AL		RIBE NAME
WE'L W	AR OTHER TOR American Oil C	Water Inject	tion	NOV 27 19	1/8 I	J Premie		 t. Tr. ME
3. ADDRESS OF OP	ERATOR  X 128, Loco Hi  ELL (Report location cle	11a Nov May	400 00255	口. C. C MTFBIAN PFF	9.	#1 0. FIELD AND 1		
At surface	990' FSL and T. 17-S, R. 3			•		Graybur  1. BEC., T., R., SURVEY O	RAREA	ND
14. PERMIT NO.		15. ELEVATIONS (Show	whether DF, RT,	ir, etc.)	1	2. COUNTY OR	PARIBH 18.	STATE
			362	3' GL	<u> </u>	Eddy	N	. M.
16.	Check App	ropriate Box To I	ndicate Natui	e of Notice, Re	port, or Oth	er Data		
	NOTICE OF INTENT	on To:			RUBREQUEN'	REPORT OF:		( <del>1</del> 21
TEST WATER S		LL OR ALTER CASING		WATER RHUT-OFF			IRING WELL	<b> </b>
FRACTURE TRE		'LTHPLE COMPLETE ANDON®		FRACTURE TREAT	11	ABAN	RING CABING DONMENT®	
REPAIR WELL		ANGE PLANS		(Other)		Pit		X
(Other)	OSED OR COMPLETED OPER			Completion	port results of or Recompletic	on Report and	Log form.)	
	Repair	w Sachen shave been n d and well h						
					RECE	INED 1978	.eN	
18. I hereby certif	y that the foregoing is	/ //	Asst	Field Super	RECE NO.			<u> </u>
(This space fo		Lasa T		G DISTRICT E		DATE _	NOV 2	