IN TED CTATES M. O. C. C. C. ATE.

orm 9–331 May 1963)		EN OF THE		(Other instructiverse side)		5. LEASE DESIGNATION	AND SERIAL NO.
		EOLOGICAL SU		verse side)		IC-0624	07
(Do not use	SUNDRY NOTION OF THE PROPERTY	CES AND REP	ORTS ON en or plug back t for such proposa	WELLS o a different rese	ervoir. V E Ö	6. IF INDIAN, ALLOTTE	E GR'TRIBE NAME
OIL G. WELL W	AS OTHER	DRI	CCIN	JUN 9	1975	7. UNIT AGREEMENT N EMPIRE SOU' 8. FARM OR LEASE NA	TH DEEP UN
DUN JUI.	DUCTION COMPA ERATOR ANDREWS, TI	1XAS /9/14	e with any State	D. C.	C.	9. WELL NO. 7 10. FIELD AND POOL,	OR WILDCAT
See also space : At surface	17 below.)				CEL.	SOUTH EMPIR 11. SEC., T., R., M., OR SURVEY OR ARE	E-MORROW BLK. AND
760° FS	Lx 2310				SKIA)	30-17-29	NMPM
14. PERMIT NO.		15. ELEVATIONS (Show	w whether DF, RT, G	GR, etc.)		EDDY	N. M.
16.	Check Ap	propriate Box To I	ndicate Natur	e of Notice, I	Report, or C	Other Data	
	NOTICE OF INTEN	rion to:			SUBSEQU	JENT REPORT OF:	

NOTICE OF INTENTION TO:			Bobba don't market			
TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OA ACIDIZE		PULL OR ALTER CASING MULTIPLE COMPLETE ABANDON*		FRACTURE TREATMENT ALTERIS	ING WELL NG CASING ONMENT*	-
REPAIR WELL (Other)		CHANGE PLANS	•	(Other)	tion on Well	

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.)*

On 6-3-75 958" OD 32.3 + H-40 STEE was set @ 2894 W/ 1105 5x TLW + 7#57 + 0.2 % CFR-Z W/ 14# FLOCECE SX FOLLOWED W 200 SX NEAT. CIRC 30 SX. WOC 18 Hrs TST (SQ W/ 1400 PSI 30 MIN. TST OK.

REDUCED HOLE TO 7%" @ 2894 & RESUMED DRILLING.

RECEPTION OF THE PROPERTY OF THE PARTY OF TH

\bigcap	
18. I hereby certify that the foregoing is true and correct SIGNED AU JOANNI UTITLE ADMINISTRATIVE ASSISTANT	DATE 1111 4 1975
(This space for Federal of State office use) APPROVED BY CONDITIONS OF FARROWAL, IF ANY:	DATE
CONDITIONS OF PARROVAL, IF ANT:	:

*See Instructions on Reverse Side