N. M. O. C. C. COPY

ED STATES DEPARTMENT OF THE INTERIOR (Other in verse side)

ATE*

GEOLOGICAL	SURVEY
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	(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.)	
OIL WEL	DRILLING	7. UNIT AGREEMENT NAME
	e or organismos	MALCO "A" Jederal
	ESS OF OPERATOR (17) 1005S, N. M. 88240	9. WELL NO.
See At s	TION OF WELL (Report location clearly and in accordance with any State requirements.* also space 17 below.) urface 50 FNL × 1653 FWL Sec 11 (Unit F, SE4/11/4)	10. FIELD AND POOL, OR WILDCAT WILD CAT 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
14. PER!		1/- 18-27 NMPN 12. COUNTY OR PARISH 13. STATE EDDY

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

•••				and of themes, mappen, or officer band		
NOTICE OF INTENTION TO:			SUBSEQU	ENT REPORT OF:		
TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL ((Other)	MUL	OR ALTER CASING TIPLE COMPLETE NOON*		(NOTE Report results	ALTERING CASING ABANDONMENT of multiple completion on Well tion Report and Log form.)	
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ment to this work. I would define a subsurface locations and measured and true vertical depths for all markers and most true vertical depths for all markers and measured and true vertical depths for all markers and measured and true vertical depths for all markers and measured and true vertical depths for all markers and measured and true vertical depths for all markers and not considered and true vertical depths for all markers and measured and true vertical depths for all markers and not considered and true vertical depths for all markers and not considered and true vertical depths for all markers and not considered and true vertical depths for all markers and not considered and true vertical depths for all markers and not considered and true vertical depths for all markers and not considered and true vertical depths for all markers and not considered and true vertical depths for all markers and not considered and true vertical depths for all markers and necessary a

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O. C. C.

		ARIESIA, OFFICE	
18. I hereby certify the	nt the foregoing is true and correct	TITLEAREA SUPERINTENDENT	TYL 0 2 13C ATA
APPROVED BY	APPAORIA IF ANY	TITLE	DATE N. L.
1- SUSP	OCT BEKMAN SENER Se	e Instructions on Reverse Side	

ACTING DIET