		• ••	-		G	
Form 9-331 (May 1963)		UN ED STATES	SUBMIT IN ISOTAL TE.	Form approve Budget Burea	ed. u No. 42-R1424.	
	DEPART	DEPARTMENT OF THE INTERIOR (Other' instructions a fe-			5. LEASE DESIGNATION AND SERIAL NO.	
	GEOLOGICAL SURVEY DE COSTA NM 88210			NM 42410		
SL	JNDRY NOT	ICES AND REPORTS	ON WELLS	6. IF INDIAN, ALLOTTEE	OR TRIBE NAME	
	this form for propo Use "APPLIC.	sals to drill or to deepen or plu ATION FOR PERMIT-" for suc	ig back to a different reservoir. h proposals.)			
OIL GAS WELL X WEI		7. UNIT AGREEMENT NAME				
NAME OF OPERATO	R	8. FARM OR LEASE NAME				
Fred	Pool Drill	Crossfire Federal				
ADDRESS OF OPERATOR				9. WELL NO.		
P.O.Bo	ox 1393, R					
LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)				10. FIELD AND POOL, OR WILDCAT		
At surface	5elow.)	Artonin Oil Book				
			RECEIVED BY	Artesia Ol. 11. SEC., T., R., M., OR B	LK. AND	
1809 FNL 990 FEL SE/4NE/4 JUN 05 1986				SURVEY OR AREA		
		Sec. 12-18S-27E				
4. PERMIT NO.		15. ELEVATIONS (Show whether	DF, RT, GR, etc), C. D.	12. COUNTY OR PARISH	13. STATE	
30-01	5-25099	3604 Gr	ARTESIA, OFFICE	Eddy	N.M.	
	Check A _l	ppropriate Box To Indicate	Nature of Notice, Report, or C	Other Data		
	NOTICE OF INTEN	UENT REPORT OF:				
TEST WATER SHU	T-OFF	PULL OR ALTER CASING	WATER SHUT-OFF	REPAIRING W	ELL.	
FRACTURE TREAT		MULTIPLE COMPLETE	FRACTURE TREATMENT	ALTERING CA	SING	
SHOOT OR ACIDIZ	e	ABANDON*	SHOOTING OR ACIDIZING	ABANDONMEN	T*	
REPAIR WELL		CHANGE PLANS	(Other)			
(Other) Change name of well. (NOTE: Report results of multiple con Completion or Recompletion Report an						
7. DESCRIBE PROPOSE proposed work. nent to this wor	If well is direction	CRATIONS (Clearly state all pertionally drilled, give subsurface l	nent details, and give pertinent dates, ocations and measured and true vertice	including estimated date al depths for all markers	of starting any and zones perti-	

6-2-86: The name of the above well needs to be changed to: Comstock Federal No. 6.

18. I hereby certify that the foregoing is true and correct TITLE Vice President SIGNED A DATE 6-2-86 (This space for Federal or State office use) APPROVED BY ______ CONDITIONS OF APPROVAL, IF ANY: TITLE DATE _



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