Orm 9-331 May 1963) DEPA SUNDRY N (Do not use this form form	I'NITED STATES	ON WELLS	5. LEASE DESIGNATION NM-12211 6. IF INDIAN, ALLOTT	eu No. 42-R1424.	
OH. GAS WELL OTH	TER C	MAR 1 0 1976	7. UNIT AGREEMENT A 8. FARM OR LEASE NA Federal 2	IME	
Honeysuckle Exploration Corporation 3. ADDRESS OF OPERATOR 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)				1-Y 10. FIELD AND POOL, OR WILDCAT	
At surface 2030' FWL and 330' FSL			Sec. 20, TI	Sec. 20, TISS, R3LE 12. COUNTY OF FARISH 13. STATE	
14. PERMIT NO.	15. ELEVATIONS (Show whether 3632! DF	DF, RT, GR, etc.)	Fody	N. M.	
	k Appropriate Box To Indicate		, or Other Data		

NOTICE OF INTENTION TO: REPAIRING WELL PULL OR ALTER CASING WATER SHUT-OFF ALTERING CASING FRACTURE TREATMENT MULTIPLE COMPLETE

TEST WATER SHUT-OFF FRACTURE TREAT SECOTING OR ACIDIZING ABANDONMENT* ABANDON* SHOOT OR ACIDIZE CHANGE PLANS REPAIR WELL (Nore: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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.) *

Perforate 6-8 holes in Grayburg in gross interval of 3710' to 3860' w/l SPF. Two acid treatments totalling 3750 gals. and sand-water frac treatment of approx. 15,000 gals. and 15,000 lbs.

MAR - 3 1076 L.S. GEOLOGICAL SIJAVEY 18. I hereby certify that the foregoing is true and correct <u>Authorized Agent</u> (This space for Federal or State office use)

*See Instructions on Reverse Side

ACTING DISTRICT