" M O. C. C. COPY

Form 9-331 (May 1963)

UNITED STATES

Form approved.

D	EPARTMENT OF TH	TE INTERIO	R (Other instructions	on re 5. LEA	Budget Bureau 1 SE DESIGNATION AND	
	GEOLOGICAL		(0)	LC	070	286
SUNDR	Y NOTICES AND F	REPORTS OF	V WELLS	6. IF I	NDIAN, ALLOTTEE OF	TRIBE NAME
(Do not use this form Use	for proposals to drill or to e	leepen or plug bac IT—" for such prop	k to a different reservoi	r.		
	-	. i/	/		T AGREEMENT NAME	
WELL GAS WELL	OTHER Drill	ing				
MAME OF OPERATOR	LADAL PA-	to 6	7		M OR LEASE NAME	0 (-
ADDRESS OF OPERATOR	www.	<i>oco.</i> e	orp.	USA 1	EMPEROR (UIL CO
30U 68.	HOBBEL 7	תל ו	88240)	1	
See also space 17 below.)	t location clearly and in accor	lance with any St	ate requirements.	10. FI	ELD AND POOL, OR W	ILDCAT
At surface	100-1-11	20	1.1		ILDCAT C., T., R., M., OR BLK.	AND
1480 FML X	1980 FWL,	EC. LO	UNIT F,		SURVEY OR AREA	AND
		(SE/4 NW/	4) 28	-20-30	MMPM
. PERMIT NO.	15. ELEVATIONS (Show whether DF, R	r, GR, etc.)	12. co	UNTY OR PARISH 1	3. STATE
		<u> </u>	7 L.	ED	DY 1/	Y. 1'1.
(Check Appropriate Box	To Indicate Nat	ture of Notice, Repo	ort, or Other D	ata	
NOTIC	E OF INTENTION TO:			SUBSEQUENT REF	ORT OF:	
TEST WATER SHUT-OFF	PULL OR ALTER CAS	SING	WATER SHUT-OFF		REPAIRING WEL	r.
FRACTURE TREAT	MULTIPLE COMPLET	'E	FRACTURE TREATME	INT	ALTERING CASI	(a
SHOOT OR ACIDIZE	ABANDON*		SHOOTING OR ACIDI	ZING	. ABANDONMENT*	
REPAIR WELL [CHANGE PLANS				iple completion on	
DESCRIBE PROPOSED OR COX	PLETED OPERATIONS (Clearly s	tate all pertinent	datails and give neuting	nt dates insludir	port and Log form.	4 - A - A - A - A - A - A - A - A - A -
proposed work. If well nent to this work.) *	l is directionally drilled, give	subsurface location	ns and measured and tr	ue vertical depths	for all markers as	d zones perti-
2	. 1	. 0				1
Mame o	1 lease 6	hang	ied pro	w d	lural	
16 1 1 1 1	6. 1 to 6	11 -			/97	0
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		1881 1	1.100		'00, '4'r,'	
		JAN I	4 1966			
		LI. L Artesia	C. C.		197. Sept. 1981	
3. I hereby certify that the	foregoing is true and correct	· ·	, OFFICE			2 (=
SIGNED		TITLE (rea S	Wot.	1- F	3-65
		1111111	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	- Contraction	DATE _/	
(This space for Federal	or State office use)			2		
APPROVED BY	トン	TITLE			DATE	- · · · · · · · · · · · · · · · · · · ·
CONDITIONS OF PAR	DVAL, IF ANY:					
ででい、。	1054			· ·	1.B2	1 4 5 4
1 12 4 3	1. 1.MI			· ·	5 40 -4	4.1.2

DIS-1-HUDSON

*See Instructions on Reverse Side