Form 9-331 (May 1963)

UNITED STATES DEPARTMENT OF THE INTERIOR

IN TRIPLICATE\*

Form approved. Budget Bureau No. 42-R1424. 5. LEASE DESIGNATION AND SERIAL NO.

NM OUR9-A GEOLOGICAL SURVEY

(Do not use this form for propo Use "APPLIC	ICES AND REPORTS ON WELLS sals to drill or to deepen or plug back to a different reservoir. ATION FOR PERMIT—" for such proposals.)	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
OIL GAS WELL OTHER ( 2. YAME OF OPPHATOR	Drilling	BIG EDDY UNIT
3. ADDRESS OF OPERATOR	Petrollum Corp	9. WELL NO.
At surface	clearly and in accordance with any State requirements.	10. FIELD AND POOL, OR WILDCAT
	EL, SEC 19, (UNITO, SW/4 SE/4)	11. SEC., T., E., M., OR BLK. AND SURVEY OR AREA 19-20-31 NIMPIM
14. PERMIT NO.	15. ELEVATIONS (Show whether DF. RT, GR, etc.)	EDDY N.M.
16. Check A	opropriate Box To Indicate Nature of Notice, Report, o	r Other Data

NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF : TEST WATER SHUT-OFF PULL OR ALTER CASING WATER SHUT-OFF REPAIRING WELL FRACTURE TREAT MULTIPLE COMPLETE FRACTURE TREATMENT ALTERING CASING SHOOT OR ACIDIZE ABANDON\* SHOOTING OR ACIDIZING ABANDONMENT\* REPAIR WELL CHANGE PLANS (Other) \_ (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) (Other)

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 12-7-65 1034"OD 40.5# J:55 Casing was Det at 2204' W/ 410 sy 4% Gel + 150 by Meat. Cloud everculated. after M. O. C. 18 hours, tested easing W/ 1000 ps, for 30 minutes. Test O.K.

Reduced hole to 9.9/8" at 2204' and resurved drelling operations.

RECEIVERSED

OFF 10 1.965

OFF 10

18. I hereby certify that the foregoing in the same of the state v. R. STALEY	TITLE Cirla Supl	DATE 12-8-65
(This space for Federal or State office use)  GS  CHAPPROVED BY  ASSCONDITIONS OF APPROVAL, IF ANY  WB	TITLE	DATE

RUDOZFH C. ACTING DISTRICT ENGINEER

\*See Instructions on Reverse Side