	N to a		
Form 9-331	N. M. Q. Q. C. OF	- -	There are an area of
(May 1963)	TED STATES DEPARTMENT OF THE INT	SUBMIT IN TR. CAT (Other instructions on the control of the contr	
	GEOLOGICAL SURVE	7 10	NM-0251
SU	NDRY NOTICES AND REPOR	TS ON WELLS	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
	nis form for proposals to drill or to deepen or Use "APPLICATION FOR PERMIT—" for	plug back to a different reservoir.	
i.		RECEIVED	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR	OTHER DRILLING	, KLU-	8. FARM OR LEASE NAME
	PETROLEUM CORPORATION	DEC 1 1 1967	
	3S, N: M. 88240 · *		9. WELL NO.
4. LOCATION OF WELL See also space 17 b	(Report location clearly and in accordance wit	th any State requirements FICE	10. FIELD AND POOL, OR WILDOAT
At surface			11. SEC., T., R., M., OR BLK. AND
1650'FSI	* 660 FEL, Sec. 7 (Un	UT NELT SELD	SURVEY OR AREA
14. PREMIT NO.	15. ELEVATIONS (Show whe		12. COUNTY OR PARISH 13. STATE
	3505 R.	D. B.	EDDY N.M.
16.	Check Appropriate Box To Indic	ate Nature of Notice, Report, o	r Other Data
	NOTICE OF INTENTION TO:	SUBS	EQUENT REPORT OF:
TEST WATER SHUT		WATER SHUT-OFF	REPAIRING WELL
FRACTURE TREAT	MULTIPLE COMPLETE ABANDON®	FRACTURE TREATMENT SHOOTING OR ACIDIZING	ALTERING CASING ABANDONMENT®
REPAIR WELL	CHANGE PLANS	(Other)	rits of multiple completion on Well
(Other)	OR COMPLETED OPERATIONS (Clearly state all pe	Completion or Reco	mpletion Report and Log form.) tes. including estimated date of starting any
proposed work. nent to this work	If well is directionally drilled, give subsurfac)	ce locations and measured and true ver	tical depths for all markers and zones perti-
TD, //73	7. Dense Shaley Lin	ne. We nou	propose
to della	e where to a	11171 17 6 11	21/ 1/050
_			14, 7,900
and tes	4 the Utoka-	morraw 40,	rmation.
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Ju OU	string Casing	program we	a prevall
as such	nitted being to	hat Cusing u	ore be set
at TD	nitled, being-it with sufficient uppermest pa	1 account to	Lillan "
, ,	week may have	· corner to	pacou 20
above,	uppermost pa	yof atoka	- muray
			RECK 7 967 CUNCT
			RE CO THE COUNTY
		•	OF THE WAY
			REDECT TO THE MENT WELL IN
10 I haushu aantiir A	nat the foregoing is true and correct		Akr.
	mint a	area Sus	54 DATE 12-5-67
SIGNED	ederal or State office use)		

APPROVED BY

CONDITIONS OF APPROPAGE IF ANY:

OF ASSOCIATION OF APPROPAGE IF ANY:

TO SUS P

TO

NAM See Instructions on Reverse Side DATE