SUBMIT IN TRIPL. .TE*
(Other instructions on re-Form 9-331 (May 1963) UNLED STATES DEPARTMENT OF THE INTERIOR (Other interior verse side) 5. LEASE DESIGNATION AND SERIAL NO. NM-0400512-A 6. IF INDIAN, ALLOTTEE OR TRIBE NAME GEOLOGICAL SURVEY SUNDRY NOTICES AND REPORTS ON WELLS (Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.

Use "APPLICATION FOR PERMIT—" for such proposals.) 7. UNIT AGREEMENT NAME <u>ī.</u> CEIVED GAS WELL WELL X OTHER 8. FARM OR LEASE NAME 2. NAME OF OPERATOR <u> Fasken-Federal</u> Coquina Oil Corporation 🗸 3. ADDRESS OF OPERATOR 200 Bldg. of Southwest, Midland, Texas

LOCATION OF WELL (Report location clearly and in accordance with any State requirements.

See also space 17 below.) 10. FIELD AND POOL, OR WILDCAT ARTESIA, OFFICE Wildcat At surface 11. SEC., T., R., M., OR DEK. AND SURVEY OR AREA 1980' FixL & 1980' FSL, Sec. 31, T20S, R27E Sec.31,T20S,R27E, NMPM 12. COUNTY OR PARISH | 13. STATE 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 14. PERMIT NO. Eddy N.M. 3225 G.L. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data 16. NOTICE OF INTENTION TO: REPAIRING WELL PULL OR ALTER CASING WATER SHUT-OFF TEST WATER SHUT-OFF ALTERING CASING FRACTURE TREATMENT MULTIPLE COMPLETE FRACTURE TREAT SHOOTING OR ACIDIZING ABANDON MENT* ABANDON* SHOOT OR ACIDIZE Spud CHANGE PLANS (Other) REPAIR WELL (Note: 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.)* Jack Burrows moved in and rigged up cable tools. Spudded July 25, 1973. Drilled 15 1/2" hole to 18'. Ran 18' ∕ H-40 48# casing to 18'. Cemented from surface with three yards ready mix. Now drilling below 55'. 18. I hereby certify that the foregoing is true and correct July 31, 1973 Superintendent DATE or State office use) APP CONDITIONS OF APPROVAL, IF ANY: TITLE

ACTING DISTRICT FACTORER