Form 9-331 (May 1963)

## UNI ) STATES SUBMIT IN TRIPLICATION OF THE INTERIOR (Other Instructions of the INTERIOR verse side)

Form approved.
Budget Eureau No. 42-R1424
5, TEASE DESIGNATION AND SERIAL NO.
L.C.-065978-C

OLOGICAL SURVEY		Т	LU-00597 <b>2</b> -0								
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•	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.)	G. IF INDIAN, ALLOTTEE	OR TRIBE NAME
1.	OIL K GAS CTHER	7. UNIT AGREEMENT NAM Malaga Uni	
2.	Austin Gas Purchasing Jrc. Drawer DD	8 FARM OF LEASE SAM Bett H. R	121,2 erd
3.	Box 748, Salina, Kansas 67401 RECEIVED	9. WELL NO.	
4.	LOCATION OF WELL (Report location clearly and in accordance with any State requirements.  See also space 17 below.)  At surface  SEP 24 1982	Malaga	
	Unit J Sec. 7-24S-29E  O. C. D.	11. SEC., T., R., M., OR B. SURVEY OR AREA 7-245-29E	LK, AND
14.	PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.) ICE	12. COUNTY OR PARISH Eddy	N.M.
16.	Check Appropriate Box To Indicate Nature of Notice, Report, or C	Other Data	
	NOTICE OF INTENTION TO:	UENT REPORT OF:	
		DEPAIDING B	PETE.

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:					
TEST WATER PHUT-OFF FEACTURE TREAT SHOOT OR ACIDIZE EEPAIR WELL (Other)	X	PULL OR ALTER CASING MULTIPLE COMPLETE ABANDON* CHANGE PLANS		WATER SHUT-OFF  FRACTURE TREATMENT SHOOTING OR ACIPIZING  (Other)	REPAIRING WELL  ALTERING CASING ABANDONMENT*  multiple completion on Well 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.) •

Request permission to swab test well and if it indicates any possiblity to proceed with frac treatment.



DIL & GAS MINERALS MOMT. SERVICE

the state of the s	ROSWEL	L, NEW MEXICO
18. I hereby certify that the foregoing is true and correct SIGNED APPOVED	TITLE President	DATE 9-10-82
(This space for Federal or State office use)  APPROVED BY SEE 213 1982	TITLE	
FOR  JAMES A. GILLHAM  DISTRICT SUPERVISOR*Sec	Instructions on Reverse Side	