UNITED STATES	5. LEASE 1 1 - 170/4
DEPARTMENT OF THE INTERIOR	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
GEOLOGICAL SURVEY	
SUNDRY NOTICES AND REPORTS ON WELLS	7. UNIT AGREEMENT NAME
(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use Form 9-331-C for such proposals.)	8. FARM OR LEASE NAME /
	LC TONES FOR
1. oil gas de other gas well other	9. WELL NO.
2. NAME OF OPERATOR	10. FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR	7 LAKES 9/10
913 WAShATION GRANTS NM 8/030	11. SEC., T., R., M., OR BLK. AND SURVEY OR
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	S 24-T/8N-R11W
below.) AT SURFACE: 490' FNL +330 FEL	12. COUNTY OR PARISH 13. STATE
AT TOP PROD. INTERVAL: AT TOTAL DEPTH: < A A	McKinnley NM
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	14. API NO. /
REPORT, OR OTHER DATA	15, ELEVATIONS (SHOW DF, KDB, AND WD)
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	65596.6.
TEST WATER SHUT-OFF	· ·
FRACTURE TREAT	
REPAIR WELL (NOTE: Report results of multiple completion or zone	
PULL OR ALTER CASING	change on Form 9–330.)
CHANGE ZONES	6. 6.
ABANDON*	
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.)*	
SPUC SATE 11-28-82 SET 52/212"CASing + (PINENTEC)	
12-15-82 SET 8 8 C Asing TO 97 ft	
/ /	
12-22-82 8" hole was completed @ 500 ft	
AT Sook no show of oil or GAS Hole may be give to hand owner For water well IF not hole well be pluged + ABANDONINE TO WELL IF not hole well be pluged + ABANDONINE TO WELL The state of the pluged to BANDONINE TO BE TO	
Hole may be give to hand OWNEr For WATER Well	
TE not halo well be pluged + ABANGONINE SEE WELL	
I not note as convery	
	300000000000000000000000000000000000000
011 11 1.	esson Oil Con air
Subsurface Safety Valve: Manu. and Type Globe VA/ve 85 Casing 518. Ft.	
18. I hereby certify that the foregoing is true and correct OPPLATOL	
18. I hereby certify that the foregoing is true and correct per ATON SIGNED DATE MAICH 21-82	
(This space for Federal or State office use)	
APPROVED BY TITLE DATE	
CONDITIONS OF APPROVAL, IF ANY:	202 05200

AGGETTEN FOR RECORD

*See Instructions on Reverse Side

MAR 3 1 1983

NMOCC