

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE*
(Other instructions on re-
verse side)

Form approved
Bureau No.

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.)

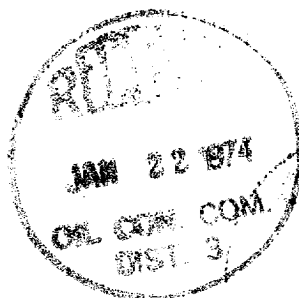
1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER Dual Completed		5. LEASE
2. NAME OF OPERATOR M & M Production & Operation		6. IF INDICATED, NUMBER OF TUBES
3. ADDRESS OF OPERATOR Lindrith Camp, Counselor, New Mexico 87018		7. UNIT AND WELL NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface (NE 1/4 SE 1/4) UNIT I Sec. 10- 24 N- 6 W		8. FARM OR RANCH NAME Mexico
14. PERMIT NO.		9. WELL NUMBER #
15. ELEVATIONS (Show whether DF, RT, OR, etc.)		10. BOREHOLE DEPTH 10-24
		11. SURFACE OR SUBSURFACE SURFACE
		12. COUNTY Rio Arriba
		13. STATE New Mexico

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data:

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	OWNERSHIP <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>CHANGE OPERATOR</u>	
(Other)		(Note: Report results of multiple completion or well completion or recompletion report on form 9-332.)	

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all measurements pertinent to this work.) *

We acquired Skelly Oil Co. ~~inst.~~ in this lease.



18. I hereby certify that the foregoing is true and correct

SIGNED [Signature] TITLE Operator

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____

CONDITIONS OF APPROVAL, IF ANY:

DATE Jan. 17, 1974

*See Instructions on Reverse Side

COPY TO ROSWELL

