Form 9-331 (May 1983)	DEPARTI	UNITED STATES	SUBMIT IN TRIPLICATE	e Budget Burean-No 42-Date.
	DEPARTMENT OF THE INTERIOR (Other Instructions on GEOLOGICAL SURVEY			5. LEASE DESIGNATION AND SERVE 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.)				6. IF INDIAN, ALLOTTES OF TRIBE NAME
1. OIL GAS WELL WY WELL OTHER 2. NAME OF OPERATOR				7. UNIT AGRESMENT NAME
300, Inc.				S. FARM OR LEASE NAME.
3. ADDRESS OF OPERATOR				9. WELL NO.
P. O. Box 669 Santa Fe, New Mexico 87501 4. Location of Well (Report location clearly and in accordance with any State requirements. See also space 17 below)				4
At surface	e 17 below.)	any and in accordance with any	state requirements.	Undes. Mancos Dakota
2310' FNL 1980' FWL Section 12 T24N R8W NMPM				Sec. 12 24N 8W NMPM
21, 15,511, 10.		15. ELEVATIONS (Show whether DF, GR 7287	RT, GR, etc.)	12. COUNTY OR PARISH 13. STATE
18.	Chark An		(N) D	San Juan New Mexico
	NOTICE OF INTEN	propriate Box To Indicate N		
TEST WATER	SHUT-OFF	PULL OR ALTER CASING	_	QUENT REPORT OF:
FRACTURE TRI		TULTIPLE COMPLETE	WATER SHUT-OFF FRACTURE TREATMENT	REPAIRING WELL
SHOOT OR ACI	IDIZE A	BANDON*	SHOOTING OR ACIDIZING	ABANDONMENTA
REPAIR WELL	c	HANGE PLANS	(Other) Logging	X X
(Other)			(Nors: Report result Completion or Recom	s of multiple completion on Well:
proposed we nent to this	OSED OR COMPLETED OPER ork. If well is direction work)	RATIONS (Clearly state all pertinent nally drilled, give subsurface locations)	details, and give pertinent date: ons and measured and true verti-	o, including estimated date of starting and call depths for all markers and zones pertical
	8-8-76			How that to district the following the first transfer to the first transfer transfer to the first transfer transfer to the first transfer tra
	Ran	cement bond-variable	e density and dual s	pacing page 1 mini i
	tne	rmal neutron decay ti	me logs.	
	8-9-76 Ran	pump back in hole and	nlaced wall in are	
		pamp back in note and	braced well IN bio	duction; and a second of second or s
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	1 copy of CCC	with this report.	cransmitted to the i	1.5.G.5: Expense of the control of t
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			Est white to	
S. I hereby certif	y that the foregoing is	true and correct		THREE SAUGUE ERES
SIGNED	ary R B	TITLE	President	
(This space for	r Tederal or State office			DATE 7-15-46 ATT
		: use)		
APPROVED BY CONDITIONS	Y OF APPROVAL, IF AN	TITLE		DATE TE SE
				출신생각 이 프로 선터를 이름다