Form 9-331 (May 1963)	UNITED STATES	SUBMIT IN TRIPLICATION OF	TE* Form approved. re- Budget Bureau No. 42-R142-
	DEPARTMENT OF THE INT		· / · · · · · · · · · · · · · · · · · ·
	GEOLOGICAL SURVEY		NM-19567 6. IF INDIAN, ALLOTTEE OR TRIBE NAME
(Do not use thi	NDRY NOTICES AND REPORT is form for proposals to drill or to deepen or pure "APPLICATION FOR PERMIT—" for st	IS ON WELLS plug back to a different reservoir. uch proposals.)	S. A.
ī.			7. UNIT AGREEMENT NAME
WELL GVZ	OTHER		그리 그 그 한 화화의 그의 점점점점
2. NAME OF OPERATOR			8. FARM OR LEASE NAME
	Production Corp.		Okie
3. ADDRESS OF OPERATOR Box 234, Farmington, NM 87401			9. WELL NO. #1
4. LOCATION OF WELL (See also space 17 be At surface	Report location clearly and in accordance with low.)	any State requirements.*	10. FIELD AND POOL, OR WILDCAT Wildcat
) 1105' FSL - 840' FEL			11. SEC., T., R., M., OR BLE. AND. SURVEY OR ARMA
14. PERMIT NO.	15. ELEVATIONS (Show wheth	per DE ET CP ota	Sec 8 T24N R8W
		917' GR	San Juan NM
16.	Check Appropriate Box To Indica	te Nature of Notice, Report, o	or Other Data 1990 3 3 3 3 3
	NOTICE OF INTENTION TO:	-	SEQUENT REPORT OF:
TEST WATER SHUT-	OFF PULL OR ALTER CASING	WATER SHUT-OFF	REPAIRING WELL
FRACTURE TREAT	MULTIPLE COMPLETE	FRACTURE TREATMENT	ALTERING CASING
SHOOT OR ACIDIZE	ABANDON*	SHOOTING OR ACIDIZING	ABANDONMENT*
REPAIR WELL	CHANGE PLANS	(Other)	
(Other)		' Completion or Reco	ults of multiple completion on Well- ompletion Report and Log form.)
proposed work. I nent to this work.)	OR COMPLETED OPERATIONS (Clearly state all pert f well is directionally drilled, give subsurface	tineut details, and give pertinent da locations and measured and true ver	
	CHANGE OF	OWNERSHIP	그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그
	Effective Fe	bruary 27, 1978	ale de la companya de
	From: Oklahoma Oil Co.	. TO: Dugan Prod	uction Corp.
	CHANGE OF	WELL NAME	Sirron o heficare reorge) ofer and to another could be have a havenus
	Effective Feb	ruary 27, 1 978	of single of sin
	From: Fre	nch Wash #1	
	To: Okie	e #1	
		inflore while parties a local transformation for the second	
		RECEIV	ED THE THE STATE OF THE PERSON
			on loo badist collect the control of the collect the control of the control of the control of the control of the control of the control of the control
	\bigcap	and the second s	decure di manum de la composition della composit
18. I hereby certife that	the to regoing is true and correct		The state of the s
signed Thom	TITLE _	Petroleum Engineer	DATE 5 5 6-19-78
(This space for Fede	eral or State office use)		Construction of the constr
APPROVED BYCONDITIONS OF A	PPROVAL IF ANY:		DATE
	-		Entrol Resolution

Ollas