Form 9-331 (May 1963)	UNITED DEPARTMENT O	STATES F THE INTER	SUBMIT IN TRIPLIC	n re-	Form a Budget	Bureau	1 No. 42-R14
		CAL SURVEY	IOI verse side)		LEASE DESIGN,	ATION A	ND SERIAL NO
CLINIC					NM - 233	-	
(Do not use this f	ORY NOTICES AN	ND REPORTS (	ON WELLS			-	OR TRIBE NAM
	Use "APPLICATION FOR	PERMIT—" for such p	pack to a different reservoir.				
1. GAS K	ก			7.	UNIT AGREEME	NT NAM	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
2. NAME OF OPERATOR	OTHER					:	
	brahiar or .			8. 1	PARM OR LEAS	E NAME	3 - 5
3. ADDRESS OF OPERATOR	luction Corp.			· .	Chaco	1 5	* # # # # # # # # # # # # # # # # # # #
	224 Easendarden	2774 677463		9. 1	WELL NO.		1 2 3
P. O. Box 234, Farmington, NM 87401  4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.  See also space 17 below.)					#3:3:3	• 🚉	5 ± ± 3
See also space 17 below.) At surface  1700' FNL - 1450' FWL					FIELD AND PO	OL, OR	WILDCAT
					Vildcat	_ B	
				31.	SEC., T., R., M. SURVEY OR,	, or kli area .	K. AND
					N S of C	2	5 0 h H
14. PERMIT NO.	RT, GR, etc.)		ec.l. T				
		6583		- 1	COUNTY OR P.	RISH	13. STATE
16.					an Juan		E NW E
•••	Check Appropriate B	lox To Indicate N	ature of Notice, Report,	or Other	Data = 1		73 X 3
No	TICE OF INTENTION TO:	ļ	•	BSEQUENT R	٠- ١٠ - ١٠ - ١٠ - ١٠ - ١٠ - ١٠ - ١٠ - ١	À	Control of the Contro
TEST WATER SHUT-OFF	PULL OR ALTER	R CASING		X	250	280	3 1 5 1 3 1 5 1 1 1 1 1 1 1 1 1 1 1 1 1
FRACTURE TREAT	MULTIPLE COM		WATER SHUT-OFF- FRACTURE TREATMENT			no věti	= 1
SHOOT OR ACIDIZE	ABANDON*		SHOOTING OR ACIDIZING	5 - 44	SALTERIN	ご	63-4
REPAIR WELL	CHANGE PLANS		(Other)	ة ولساد أ	ZABYNDO:	NMENA	
(Other)			(NOTE: Report recompletion or Recompletion or Recompletion or Recompletion of Recompleting visual and measured and frue visual recompletions.	sults of mu	ltiple complet	lon on	Well
·			details, and give perfinent dons and measured and frue ve	WEXT SKINLING	bronks inch )sb ;itasm; itsm baa off baa bs/	or India	thin well a to be seen of the
<b>2-25-78</b>	mouse and rat h Drilled to 235' TE 218' set @2	oles. Spudde and ran 7 j 30' RKB. Cer	Corners Drlg Co. ed 12-1/4" hole @ ts 8-5/8" OD 24# ; mented by Woodco v . Good cement to	2:00 y 7~5 150 with 14	o.m. 2-24 10 csg. 0/sx.	4-78.	
SIGNED Thomas	foregoing is true and corre	•	roleum Engineer		in the control of the	o are no applications of the second of the s	This form is designed for administrative processory.
(This space for Federal o	or State office use)				3 4 5 3 <del>1</del>		
APPROVED BY	<i>V</i>	TITLE			moll moll straight for the control of the control o	10 S	and I and I densi
CONDITIONS OF APPRO	OVAL, IF ANY:				ATE = -	<u>- استان</u>	しんきひ
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