UNITED STATES SUBMIT IN TRIPLICATE* Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.
5. LEASE DESIGNATION AND SERIAL NO.

יט	GEOLOGICAL SUI	RVEY	<u> </u>	TEE OR TRIBE NAME
	A NOTICES AND DED	OPTS ON WELLS		The ow There
SUNDR	Y NOTICES AND REP for proposals to drill or to deepe "APPLICATION FOR PERMIT"	n or plug back to a different re	servoir.	
(Do not use this form Us	"APPLICATION FOR PERMIT—"	' for such proposals.)	7. UNIT AGREEMENT	NAME
		10 mm	N	
OIL GAS WELL	OTHER		8. FARM OR LEASE	NAME
. NAME OF OPERATOR			Grigsby-Fed	eral
Universal Resource	res Corporation		9. WELL NO.	
ADDRESS OF OPERATOR	910 Nat'l Foundation	on W. Bldg., 3545 N	w toch	
obla City Okla	910 Nat'l Foundation 73112 rt location clearly and in accordan	es with any State requirements	10. FIELD AND POO	L, OR WILDCAT
LOCATION OF WELL (Repo	rt location clearly and in accordan	ce with any State requirement. L Sect. 8-25 LOW	Basin-Dako	ta
At surface	840' FNL & 850' FW	L Sect. 8-25 - OW	11. SEC., T., R., M., SURVEY OR	OR BLK. AND
			Sect. 8-25-	
	(0)	w whether DF, RT, GR, etc.)	12. COUNTY OR PA	RISH 13. STATE
14. PERMIT NO.				New Mexico
	GL 6479 DF	6491.5'	San Juan	
40	Check Appropriate Box To	Indicate Nature of Notice	, Report, or Other Data	
16.		1	SUBSEQUENT REPORT OF:	
NOT	CICE OF INTENTION TO:			ING WELL
TEST WATER SHUT-OFF	PULL OR ALTER CASING	WATER SHU	T-UFF	ING CASING
FRACTURE TREAT	MULTIPLE COMPLETE	FRACTURE T	TREATMENT	ONMENT*
SHOOT OR ACIDIZE	ABANDON*	SHOOTING C	DR ACIDIZING ABANDO	
REPAIR WELL	CHANGE PLANS	(Other)	E: Report results of multiple comple	etion on Well
		Comp	letion or Recompletion Report and 2	
17 PURCEIPE PROPOSED OR (OMPLETED OPERATIONS (Clearly sta	te all pertinent details, and give	pertinent dates, including estimate and true vertical depths for all m	arkers and zones perti-
proposed work. If nent to this work.) *	vell is directionally drilled, give si	ibsurface locations and		
10-4-74 Ra Cc sc cd Cc	mented first stage ack. A-29, 180 sacks	class "A" w/4% gel, tool. 475 sacks 12% gel, 8:00 P.M.	set 3 6375'. DV tool 0-50 poz-mix w/8% gel, , 5% A-60 PD 10:15 A.M , 5% A-60 P.D. 6:90 M	4. Cement
SIGNED Zl-	the foregoing is true and correct	TITLE Agent	DATE _	1-10-75
(This space for Fed	eral or State office use)			
		TITLE	DATE _	
APPROVED BY CONDITIONS OF A	PPROVAL, IF ANY:			