Form 9-331 (May 1963)	UNITED STA	ATES SUBMIT IN TRIPLICATE (Other Instructions on verse side)			
	GEOLOGICAL			NM-0116	39
(Do not use	UNDRY NOTICES AND F this form for proposals to drill or to o Use "APPLICATION FOR PERMI	REPORTS ON W	ELLS different reservoir.	6. IF INDIAN, ALLO	OTTEE OF TRIBE NAME
1. OIL GAE	₹ [v]			7. UNIT AGREEMEN	T NAME
2. NAME OF OPERATO				8. FARM OR LEASE	NAME
	CURTIS J. LITTLE	<u> </u>		SALAZAR	·
3. ADDRESS OF OPER	P. O. BOX 2487,	Farmington N	M. 87401	9. WELL NO.	
4. LOCATION OF WEL See also space 17 At surface	L (Report location clearly and in accor		· ·	10. FIELD AND POO	
At surface	1830'FNL 790'	FWL		Ballard 11. sec., T., R., M. SUEVEY OR	, OE BLK. AND
14. PERMIT NO.		Show whether DF, RT, GR, e	te.)	Sec. 19 12. COUNTY OF FA	N M
16.	Check Appropriate Box 1		(Nation Papart or C		:
10.	Notice of intention to:	o indicate indiute o		UENT REPORT OF:	-
			[v	_	ING WELL
TEST WATER SH			VATER SHUT-OFF RACTURE TREATMENT		NG CASING
SHOOT OR ACIDIZ		s	HOOTING OR ACIDIZING	ABANDO	NMENT*
REPAIR WELL	CHANGE PLANS		Other) (Note: Report_results	of multiple comple	tion on Wall
17. DESCRIBE PROPOSI proposed work nent to this wo	ED OR COMPLETED OPERATIONS (Clearly S. If well is directionally drilled, give rk.)*	ate all pertinent details subsurface locations and	, and give pertinent dates measured and true vertic	, including estimated al depths for all ma	l date of starting any rkers and zones perti-
Ran 3 down 2	Four Corners Drilling Ri joints 121' 23# 7" csg. 2:00 am. Cement circula	set at 134'KB	with 50 sx. P	lug	
Held C	OK.				
		gette to a	The state of the s	, -	7.
			The state of the s		5.
		MAYA	1931		• •
			NACE APR	3 0 1991	
			**************************************	voi j a en la T	
			ed e <u>——————————————————————————————————</u>		
18. I hereby certify	that the foregoing is true and correct				-
SIGNED	rtis J. Little	TITLE Oper	ator	DATE	4-28-81
	Federal or State office use)				· · · · · · · · · · · · · · · · · · ·
APPROVED BY CONDITIONS OF	F APPROVAL, IF ANY:	TITLE		DATE	<u> </u>