Form 9-331 May 1963,	UNITED S		SUBMIT N TRIPLICATE Of the control o	Form approved.  Budget Bureau No. 42-R1424  5. LEASE DESIGNATION AND SERIAL NO.
	GEOLOGICA	AL SURVEY		NM-03603-A  6. IF INDIAN, ALLOTTEE OR TRIBE NAME
(Do not use th	NDRY NOTICES AND  Sister for proposals to drill or  Use "APPLICATION FOR PE	D REPORTS Of to despen or plur back RMIT-" for such property	WELLS  to a different reservoir.  osals.)	The money apportune on taken have
OIL GAS WELL WELL	OTHER	i		7. UNIT AGREEMENT NAME  8. FARM OR LEASE NAME
2. NAME OF OPERATOR	WILLIAM C. RUSS	ELL		Hammond
745 Fifth Location of well See also space 17 b At surface	Avenue New You Report location clearly and in a	ork, N. Y.	RECEIVEI 10022 The requiremental 23 idea.	91 10. FIELD AND POOL, OR WILDCAT Largo Chacra
15	70 FNL - 1140 FE	ī.	U. S. GEOLUGICAL SUN FARMINGTON, N. M.	11. SEC., T., B., M., OR BLE. AND SURVEY OR AREA  25 - T27N-R8W
4. PERMIT NO.	15. ELEVATIO	NS (Show whether DF, RT	GR, etc.)	12. COUNTY OR PARISH 13. STATE San Juan N. M.
6.	Ch.al. A	6000 GR	ura of Nation Parest of O	
o.	Check Appropriate Bo	x t <b>o inaicaté iNat</b> I	ure of Notice, Report, or O SUBSEQU	THE DOTO
TEST WATER SHUTFRACTURE TREAT SHOOT OR ACIDIZE	<del>,</del>	;	WATER SHUT-OFF FRACTURE TREATMENT SHOOTING OR ACIDIZING	REPAIRING WELL  ALTERING CASING  ABANDONMENT®
REPAIR WELL	CHANGE PLANS		(Other)	of multiple completion on Well
		ELL NAME #41 Hammond #91 Hammond		
		•		JUL 3 0 1981 OIL CON. COM. DIST. 3
18. I hereby ertify the State of the State o	FOY AMES F. SIMS	TITLE	Operator	DATE 8-1-81  DATE
<u> </u>	DISTRICT ENGINEER	*See Instructions o	n Reverse Side	
	سنن	NMOCC		