UNITED STATES SUBMIT IN TRIPLICATE* (May 1963) DEPARTMENT OF THE INTERIOR (Other instructions on re- GEOLOGICAL SURVEY			5. LEASE DESIGNATION AND NM03605A	Budget Bureau No. 42-R1424. 5. LEASE DESIGNATION AND SERIAL NO.	
(Do not use this form for Dropo	ICES AND REPORTS C sals to drill or to deepen or plug b ATION FOR PERMIT—" for such pu	ack to a different reservoir.			
1. OIL GAS WE'LL X OTHER			7. UNIT AGREEMENT NAME	7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR			8. FARM OR LEASE NAME		
Western Oil and Minerals, Limited 3. ADDRESS OF OPERATOR			Snodgrass		
P. O. Drawer 1228, Farmington, New Mexico 87401 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*			10. FIELD AND POOL, OR W		
4. LOCATION OF WELL (Report location of See also space 17 below.) At surface		Largo Chacra			
1660 FSL &		11. SEC., T., R., M., OR BLK. AND			
			24-27N-8W		
14. PERMIT NO.	15. ELEVATIONS (Show whether DF	, RT, GR, etc.)	12. COUNTY OR PARISH 1	3. STATE	
	6653 Gl.		San Juan	N.M	
16. Check A	ppropriate Box To Indicate N	lature of Notice, Report, o	r Other Data		
NOTICE OF INTE	NTION TO:	subs	SEQUENT REPORT OF:		
TEST WATER SHUT-OFF	PULL OR ALTER CASING	WATER SHUT-OFF	X REPAIRING WEL		
FRACTURE TREAT	MULTIPLE COMPLETE	FRACTURE TREATMENT SHOOTING OR ACIDIZING	ALTERING CASIN		
REPAIR WELL	ABANDON* CHANGE PLANS	(Other)			
(Other)		Completion or Reco	ults of multiple completion on impletion Report and Log form.	<u> </u>	
17. DESCRIBE PROPOSED OR COMPLETED OF proposed work. If well is direct nent to this work.)* Well spud 11-14-77, Drilled 12 1/4" hol	4:00 P.M. by L&B	tions and measured and tide ver	rical depths for an markers as	in some period	
Ran 3 jts. 8 5/8" 2					
Cemented with Woodc 11-16-77, cement di	o, 150 sx class B d not circulate,	cement with 2% fill annulus wit	CaCl, plug down th 50 sx cement	4:00 P. from top	
Move off small rig.					
WO Young Drilling C	ompany.				
		(AF	PR 18 10 76 11 11 11 11 11 11 11 11 11 11 11 11 11		
18. I hereby certify that the foregoing		Agent	DATE March	20, 1978	
(This space for Federal or State o	ffice use)				
APPROVED BYCONDITIONS OF APPROVAL, IF	ANY:		DATE		

*See Instructions on Reverse Side