UNITED STATES	5. LEASE
DEPARTMENT OF THE INTERIOR	SF_077978
GEOLOGICAL SULVE	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
SUNDRY NOTICES AND REPORTS ON SEELL	7. UNIT AGREEMENT NAME
(Do not use this form for proposals to drill or a deep throug back to a different reservoir. Use Form 9–331–C for such proposals	8. FARM OR LEASE NAME
(Do not use this form for proposals to drill or a deep Allipse back to a different reservoir. Use Form 9–331–C for such proposals 1. oil gas well other other	FULLERTÖN GAS COM
2. NAME OF OPERATOR	1E 2255 5 6 5
M.R. SCHALK	10. FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR	BASIN DAKOTA
P O BOX 25825/ ALBUQUERQUE, NM 87125	11. SEC., T., R., M., OR BLK. AND SURVEY OR
 LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) 	AREA
AT SURFACE: 790' FSL; 790' FEL; SEC. 34	SEC. 34, T-28N, R-13W 12. COUNTY OR PARISH 13. STATE
AT TOP PROD. INTERVAL:	SAN JUAN NEW MEXICO
AT TOTAL DEPTH:	
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	14. API NO. 2555 H = 3 6554
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	6033\#GL \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
TEST WATER SHUT-OFF	1
FRACTURE TREAT	
SHOOT OR ACIDIZE	
PULL OR ALTER CASING	(NOTE: Report results of multiple completion or zone change on Form 9-330.)
MULTIPLE COMPLETE	មានស្រាប់ស្ត្រ
CHANGE ZONES	FOR MOTOR 등 및 출장협상 그 컴퓨터 등
ABANDON* (other) SET PRODUCTION CASING	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
Committee of the Capture Capture	
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state including estimated date of starting any proposed work. If well is dimeasured and true vertical depths for all markers and zones pertinen	e all pertinent details, and give pertinent dates, irectionally drilled, give subsurface locations and
	t at 6359 E. Cemented in three
stages:	3 2 2 2 7 5 7 4 2 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
lST: 280 sks Class'B' 50/50 poz, 6	5% gel, 2# Med Tuf Plug per sk
followed by 100 also Olean IDI was	. ಇದರಿಗಳ ಫ್ರಾಕ್ಟ್ ನಿರ್ದೇಶಕ
2ND: 500 sks class 'B' 60/35, 6% of	rel 2# Mod Wuf Dlug por als
followed by 100 sks class 'B' neat.	. House trug per sk.
	프로스 아이트 프로그램 기계
Followed by 100 sks Class 'B' Neat.	6% gel, 2# Med Tuf Plug per sk
Totrowed by 100 sks class B Neal.	tion of the transfer of the tr
Subsurface Safety Valve: Manu. and Type	
18. I hereby certify that the foregoing is true and correct	of the control of the
	수 사 가 가 가 가 가 가 가 가 가 가 가 가 가 가 가 가 가 가
SIGNED TITLE AGENT	DATE12/31/81 5 5 5
(This space for Federal or State office	<u> </u>
APPROVED BY TITLECONDITIONS OF APPROVAL, IF ANY:	DATE TO THE PART OF THE PART O
	The state of the s
	회약표되었는 기업 회원 전략 회

*See Instructions on Reverse Side

NWOCC

8x SnL