Form 9-331 (May 1963)	UNITED STATES DEPARTMENT OF THE INTI	SUBMIT IN TRIPLICATE (Other instructions on r ERIOR (verse side)	Form appro- Budget Bure 5. LEASE DESIGNATION	au No. 42-R1424.	
	GEOLOGICAL SURVEY	•	079511-A		
SU (Do not use t	6. IF INDIAN, ALLOTTE	EE OR TRIBE NAME			
OIL GAS WELL X OTHER			7. UNIT AGREEMENT N	7. UNIT AGREEMENT NAME	
	o Oil Company	The Str. Out.	8. FABM OR LEASE NA Florance	ме	
3. ADDRESS OF OPERA	· · · · · · · · · · · · · · · · · · ·	, 100 CF. 3	9. WELL NO. 50		
1860 Lincoln St., Denver, Colorado \$203.54.			10. FIELD AND POOL,	OR WILDCAT	
See also space 17 below.)			Blanco Mesa		
			11. SEC., T., R., M., OR	BLK. AND	
1667'	FNL & 1916' FWL		SUBVEY OR ARE	•	
	·		Sec. 14, T 30		
14. PERMIT NO.	15. ELEVATIONS (Show wheth	er DF, RT, GR, etc.)	12. COUNTY OR PARIS.		
	6459 G.L.		San Juan	New Mexic	
16.	Check Appropriate Box To Indicat	te Nature of Notice, Report, or	Other Data		
	NOTICE OF INTENTION TO:		QUENT REPORT OF:		
TEST WATER SHU	T-OFF PULL OR ALTER CASING MULTIPLE COMPLETE	WATER SHUT-OFF FRACTURE TREATMENT	REPAIRING ALTERING	 	
FRACTURE TREAT SHOOT OR ACIDIZE		SHOOTING OR ACIDIZING	ABANDONMI	 	
REPAIR WELL	CHANGE PLANS	(Other) Remedial W	lork & Plug Back	< X	
(Other)		(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)			
17. DESCRIBE PROPOSEI proposed work. nent to this wor	O OR COMPLETED OPERATIONS (Clearly state all pert If well is directionally drilled, give subsurface k.)*				
to 580 cas pla	led 2 7/8" tubing. Set CIBP pull 7" casing, but unable to 1'. Unable to pull casing fring appears to be collapsed ace. Ran 2 7/8" tubing in holt in. Plan to production tes	o pull free. Shot casin ree. Casing stuck at b against 7" casing. Wil le and installed wellhe	ng off.at 6792', petween 3800-410 Il leave 7" casi ead. PBTD 4325'	, 6192 and 00', 8 5/8" ing in '. Well	
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a				_	
		RECEIVEL AUG 1 9 1975	D		

S. I hereby certify that the foregoing is true and correct SIGNED	TITLE Production Clerk	DATE (14,1975
(This space for Federal or State office use)		
APPROVED BYCONDITIONS OF APPROVAL, IF ANY:	TITLE	DATE