5-USGS	I-Lively	1-Shryack	I-EPNG (UI	trich)	I-EPNG (Tex	as) I+ile	
Form 9-331 (May 1963)		UNITED STA	IE INTERIO	SUBMIT (Other verse sid	IN TRIPLICATE® instructions on re- e)	Form approve Budget Bures 5. LEASE DESIGNATION SF 078385A	u No. 42-R1424.
SUN (Do not use this	NDRY NO	GEOLOGICAL S	EPORTS ON	WELL to a differ	S ent reservoir.	6. IF INDIAN, ALLOTTEI	OR TRIBE NAME
(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use "APPLICATION FOR PERMIT—" for such proposals.) 1. OIL GAS W						7. UNIT AGREEMENT NAME	
OIL GAS WELL OTHER 2. NAME OF OPERATOR						S. FARM OR LEASE NAME	
Lively Exploration Company						Lively	
3. ADDRESS OF OPERATOR						9. WELL NO.	
Box 234, Farmington, New Mexico 87401						7	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)						10. FIELD AND POOL, OR WILDCAT	
At surface 1050° FSL - 1700° FWL						Basin Dakota 11. sec., T., R., M., OR BLK. AND	
						SURVEY OR AREA	
						^N Sec. 35, T	30N, R8W
14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)						12. COUNTY OR PARISE	1 13. STATE
						San Juan	N.M.
16.	Chack A	parapriate Box 1	o Indicate Nat	ture of No	tice, Report, or C	Other Data	
	NOTICE OF INT		1			JENT REPORT OF:	
	TOTICE OF IAI.					REPAIRING	WELL.
TEST WATER SHUT-		PULL OR ALTER CAS MULTIPLE COMPLET			SHUT-OFF	ALTERING C	
FRACTURE TREAT SHOOT OR ACIDIZE		ABANDON*	" 		ING OR ACIDIZING	ABANDONME	NT*
REPAIR WELL		CHANGE PLANS	X	(Other)		
(Other)				C	ompletion or Recomp	of multiple completion letion Report and Log fo	rm.)
proposed work. nent to this work.	If well is direc	tionally drilled, give	subsurface location	us unu meas	pipeline rig	including estimated da al depths for all marker the control of the	s and zones perti-
		OIL CO	22 1972 ON. COM. ST. 3		0.050	2 1 1972 LOGICAL SURVEY	
18. I hereby certify th Original	at the foregoing	is true and correct I. A. Dugan			-	12_	20 - 72
SIGNED		Dugan	TITLE	Enginee	<u>r</u>	DATE	20-12
(This space for Fe							

TITLE .

APPROVED BY ________ CONDITIONS OF APPROVAL, IF ANY:

DATE ___