Form 9-331 (May 1963)

## UNITED STATES DEPARTMENT OF THE INTERIOR SUBMIT IN TRIPLICATES (Other instructions on reverse side)

Form approved, Budget Bureau No. 42 R1424. 5. LEASE DESIGNATION AND SERIAL NO.

ŀ	10	0-C-	1420-	1.	726_		
6.	1F	INDIAN,	ALLOTTEE	OR	TRUBE	NAME	
			•				

	GEOLOGICAL	MOO-C-1420-1726			
SUNDI (Do not use this for	6. IF INDIAN, ALLOTTEE OR TRIBE NAME UTE MOUNTAIN UTE				
OL G GAS				7. UNIT AGREEMENT NAME	
WELL X WELL	OTHER			8. PARM OR LEASE NAME	
MMI-CLINTON OI	L COMPANY-GLENN	A. DOW-T	. KEITH MARKS	FEDERAL UTE 35	
01 AIRPORT DR	. SUITE 210 FARM ort location clearly and in accor	INGTON,	NEW MEXICO 8740 tate requirements.*	10. FIELD AND POOL, OR WILDCAT	
See also space 17 below. At surface	)			VERDE GALLUP 11. SEC., T., B., M., OR BLK. AND	
2100' FNL,	800' FEL, SEC.	35, T31N	, R15W	SURVEY OR AREA	
14. PERMIT NO.	15. ELEVATIONS (	Show whether DF,	RT, GR, etc.)	SEC. 35, T31N, R15W 12. COUNTY OR PARISH 13. STATE	
	5425	GR		SAN JUAN N. MEX.	
16.			ature of Notice, Report, or	Other Data	
Non	PICE OF INTENTION TO:	1		QUENT REPORT OF:	
TEST WATER SHUT-OFF	PULL OR ALTER CAS	ING	WATER SHUT-OFF	REFAIRING WELL	
FRACTURE TREAT	MULTIPLE COMPLET	Е	FRACTURE TREATMENT	ALTERING CASING	
SHOOT OR ACIDIZE	ABANDON*		SHOOTING OR ACIDIZING L	ABANDONMENT*	
REPAIR WELL	CHANGE PLANS		(Norm: Report resul	ts of multiple completion on Well pletion Report and Log form.)	
(Other)  17. DESCRIBE PROPOSED OR Corpoposed work. If we nent to this work.)*	OMPLETED OPERATIONS (Clearly s rell is directionally drilled, give	tate all pertinent subsurface locati	details and give pertinent date	s, including estimated date of starting any cal depths for all markers and zones perti-	
4/26/75	Spud well at 9:	00 am 4/2	25/75	• •	
			59'. Ran 156' 8		
	8Rt 24# x-42 ca	sing set	at 158'. Cemen	t w/150 sx,	
	Class "A" w/2%	CaCl. C	irculated good co	ement. Release	
	surface rig.				
		•	*	· · · · · · · · · · · · · · · · · · ·	
18. I hereby certify that th	he foregoing is truly and correct	Ar	ea Manager		
SIGNED J. A.	incl sull	TITLE Mi	nerals Managemen	tApril 28, 1975	
(This space for Federa	l or State office use)				
APPROVED BYCONDITIONS OF APP	PROVAL, IF ANY:	TITLE		DATE	