UNITED STATES DEPARTMENT OF THE INTERIOR (Other Instructions on reverse side)

		Form Budge	a p	prov Bures	ed. nu	No.	42-R	1424
5. 1	EASE	DESIG	N A	TION	AN	D SE	RIAL	NO.

GEOLOGICAL SURVEY

CHNIDRY	NOTICES	ΔND	REPORTS	ON	WFIIS
DUNDKI	INCLICES	MINU	MEI ONIS	OI1	**

	ΜC	ეტ-	-C	-14	20.	- 1	726	
6.	IF	IND	IAN,	ALI.O	TTEE	OR	TRIBE	NAS

	CES AND REPORTS ON WELL Is to drill or to deepen or plug back to a diffe		ir	: :			
Use "APPLICAT	ION FOR PERMIT—" for such proposals.)			7. UNIT AGR	Mounta	in	
WELL X WELL OTHER 2. NAME OF CYERATOR	Gl	enn A.	Dow	8. FARM OR			
Minerals Management 1	ncClinton Oil CoT.	_Keith	_Mark	ŀ	ral U	te_35	<u> </u>
See also space 17 below.)	te 210 Farmington New arly and in accordance with any State requires	Mexic	o 874	01 #1 10. FIELD A	ND POOL, OR	WILDCAT	
2100' FNL, 800' FEL,	SEC. 35, T31N, R15W				Gall E., M., OR E. EY OR AREA		DI 5W
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.)	×		12. COUNTY			
	5425 GR			San	Iuan	N.	Mex.
16. Check App	propriate Box To Indicate Nature of N	otice, Rep	ort, or O	ther Data			

NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: WATER SHUT-OFF REPAIRING WELL PULL OR ALTER CASING TEST WATER SHUT-OFF ALTERING CASING FRACTURE TREATMENT FRACTURE TREAT MULTIPLE COMPLETE SHOOTING OR ACIDIZING ABANDONMENT* SHOOT OR ACIDIZE ABANDON* (Other) Production Casing REPAIR WELL CHANGE PLANS (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) (Other)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Drill 7 7/8" hole to 4600'. Run 4556' 4 1/2" OD 8RT 10.5# 5-14-75 CW-55 Csg. set @ 4566 KB. Cement w/215 sx Class "A" w/50-50 pozmix, 5% salt, 0.5% tic D-65. Release drilling rig 5-14-75



MAY 23 1975

U. S. SECREDAL SURVEY Prince of the

signed I hereby certify that the foregoing is true and correct	Area Manager TITLE Minerals Management Inc	*DATE
 (This space for Federal or State office use)		
APPROVED BYCONDITIONS OF APPROVAL, IF ANY:	TITLE	DATE