## UN'TED STATES DEPARTME

SUBMIT IN TRIPLIC -XE\* JF THE INTERIOR (Other instructions verse side)

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

NM058677+A

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6. IF INDIAN, ALLOTTEE OR TRIBE NAME

<b>SUNDRY</b>	<b>NOTICES</b>	AND	REPORTS	ON	WELLS
ise this form fo	or proposals to	drill or to	deepen or place	back to	a different

GEOLOGICAL SURVEY

(Do not reservoir. Use "APPLICATION FOR PERMIT- " for such proposals,)

7 UNIT AGREEMENT NAME GAS WELL WELL OTHER NAME OF OPERATOR S. FARM OR LEASE NAME S N B OPERATING COMPANY NEW MEXICO FEDERA ADDRESS OF OPERATOR 9. WELL NO. P. O. BOX 906 LOVINGTON, NEW MEXICO LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\* See also space 17 below.) A) surface 10. FIELD AND POOL, OR WILDCAT SOUTH PRARIE 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SECTION 21 -- 36-E 21-85-36E NMPM 14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 12. COUNTY OR PARISH 13. STATE

4111DF

N.M.

ROOSEVELT

16.

## Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:			SUBSEQUENT REPORT OF:			
			r !			
TEST WATER SHUT-OFF		PULL OR ALTER CASING	! i	WATER SHUT-OFF	REPAIRING WELL	
FRACTURE TREAT	<del>-,,</del>	MULTIPLE COMPLETE		FRACTURE TREATMENT	ALTERING CASING	
SHOOT OR ACIDIZE	X	ABANDON*		SHOOTING OR ACIDIZING	ABANDONMENT*	
REPAIR WELL		CHANGE PLANS		(Other)		
(Other)	NOTE: Report results of multiple completion on Well  Completion or Recompletion Report and Log form.)					

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.)\*

- 1. SET RETREVABLE BRIDGE PLUG AT 9500'.
- 2. PERFORATE CASING FROM 9470 TO 9486.
- 3. ACIDIZE AND TEST.

18. I hereby certify that the Corego is true and correct PARTNER SIGNE 11-23-76 TUTLE DATE (This space for Federal or State office use) APPROVED BY TITLE CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

OTING DISTRICT ENGINE

