- i		
CCBA XEBO	1 _	1,400€ XI1&01
TRIPLICATE*	Form approved. Budget Bureau 5. LEASE DESIGNATION AN	No. 42-R1424.
	NM 01456	85
	6. IF INDIAN; ALLOTTEE O	R TRIBE NAME
eservoir.		
	7. UNIT AGREEMENT NAME	
	8. FARM OR LEASE NAME	
	USA Russell E.	Horton
	26	
•	10. FIELD AND POOL, OR W	Λ .
	11. SEC., T., R., M., OR BLK SURVEY OR AREA	in Hadres
NE/A	29-8-35 N	M D na
1115/4)	12. COUNTY OR PARISH 1	M. P. M.
	Koosevelt	N. M.
Report, or C	2.00	
-off	ENT REPORT OF:	
EATMENT	ALTERING CASIN	
MAN I	ABANDONMENT.	
Report results tion or Recomple	of multiple completion on etion Report and Log form.)	Well
pertinent dates	including estimated date of l depths for all markers an	
. 0		
Casi	ng was	set
In ce	i meat	
on 30	minite	
_		<i>.</i> ~
<i>572-9</i>	2 W/2JSF	/ /
		# 1.1 = 1 E
	는 집사 사랑인 사람이 있는 는 첫참 병원의 사원 사람	
in 1	A hours to	ull
•		
	To obtain the obtained by the control of the contro	<u>14</u> *
		[원발 - 기원]
	17. 经销售基金公司	

a ye year	XERO	CODA XERO	its.
Form 9-331 (May 1963)	UNITED STATES DEPARTMENT OF THE INT	SUBMIT IN TRIPLICATE (Other instructions on reference side)	Form approved. Budget Bureau No. 42-R142 5. LEASE DESIGNATION AND SERIAL NO
	GEOLOGICAL SURVE		NM 0145685
(Do not use th	NDRY NOTICES AND REPOR	TS ON WELLS plug back to a different reservoir. such proposals.)	6. IF INDIAN; ALLOTTEE OR TRIBE NAM
OIL GAS WELL 2. NANE OF OFFRATOR			7. UNIT AGREEMENT NAME
anslime	rican Hetroleum	Corn.	8. FARM OR LEASE NAME
3. ADDRESS OF OPERA	Holde nm &	38240	9. WELL NO.
See also space 17 t At surface	(Report location clearly and in accordance wit elow.)	h any State requirements.	10. FIELD AND POOL, OR WILDCAT Milnesand San And
330'ENL X	2310'551 5-201	, , , , , , , , , , , , , , , , , , ,	11. SEC., T., R., M., OR BLK, AND SURVEY OR AREA
14. PERMIT NO.	2310 FEL SEC 29 (15. ELEVATIONS (Show whether)	UNIT 5 NW/4 NE/4) her DF, RT, GR, étc.) RDR	
16.	Check Appropriate Box To Indica		Roosevelt N. M.
	NOTICE OF INTENTION TO:	1	UINER Data
TEST WATER SHUT		WATER SHUT-OFF	REPAIRING WELL
FRACTURE TREAT SHOOT OR ACIDIZE	MULTIPLE COMPLETE ABANDON*	FRACTURE TREATMENT	ALTERING CASING
REPAIR WELL	CHANGE PLANS	(Other Comp L	Ltou-
(Other) 17. DESCRIBE PROPOSED	OR COMPLETED OPERATIONS (Clearly state all per lif well is directionally drilled, give subsurface	Completion of Recomp	s of multiple completion on Well eletion Report and Log form.)
A LINE WOLL	•) ·		ar acpens for an markers and zones pert
On 12-1	9-64, 41/2°00 9	.5 J-55 Cash	ing was set
21. 470	06'(70) with	250 5x. Inc	or neat.
Lister	easing w/ 210	00 psi for 3	o minutes
Test (easing w/210 D.K. Performed w/ 150 gal.	ated 4672	22 W/215PF
harden	مر ما الما الما الما الما الما الما الما		
e cary	ca 4/ 150 gal.		
	•		
Su PT.	flowed 95 BO ?	EOBW in 1	4 hours thru
16/64" Ch	oko TPF 175 (20°	
, =		7	
18. I hereby certify the	at the foregoing is true and correct		
SIGNED	TITLE .	area Supr	DATE 12-23-64
(This space for Fe	deral or State office use)		
APPROVED BY	APPROVAL, IF ANY:		SPOVE-V
			PKILLINGA

*See Instructions on Reverse Side