Form	9-331
(May	1963)

UNITED ATES DEPARTMENT OF THE INTERIOR (Other in

SUBMIT IN TRIPLICATE (Other instructions on re

Form approved.

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5.	LEASE	DESI	GN.	ATIO	N A	D S	ERIAI	NO.
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6.	IF IND	IAN,	ALI	LOTT	EE (R T	RIBE	NAME

GEOLOGICAL SURVEY																							
		_										 	 	_	 	 	 	 _	_	 	 		••

SUNDRY NOTICES AND REPORTS ON WELLS (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.)

7 UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

NAME OF OPERATOR
- 0 M
- アプトラン (の)と か ハ (人)と)
BOXOG6 FRAR
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GAS WELL

OIL U

HATEWSCOMERAND

OTHER

3. ADDRESS OF OPERATOR

BOX 367, ANDREWS, TEXAS 79714

LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)
At surface

MORGAN D

10. FIELD AND POOL, OR WILDCAT

AUEROO-

13-7-33

1980' FSL× 660' FWL Sec. 13 (Unit L, NW/4 SW/4) 14. PERMIT NO.

4333 GL

COUNTY OR PARISH | 13. STATE

16.

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

NOTICE	OF	INTENTION	TO	:

TEST WATER SHUT-OFF FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL (Other)

PULL OR ALTER CASING MULTIPLE COMPLETE

CHANGE PLANS

ABANDON*

SUBSEQUENT REPORT OF:

WATER SHUT-OFF PRACTURE TREATMENT

SHOOTING OR ACIDIZING

REPAIRING WELL ALTERING CASING ABANDONMENT*

(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.) *

WILL P+A 3-12-76.

Set CIBP @ 3970 & capped w/ 25 Sx coment 3970-3464. Spal 35 st cement 3205 - 2700; 35 Dx 2150-1695; Cut ¿ pulled 4/2" epg from 842, Spot 35 st 995-575. 35 st. 485-355; 10 st @ surjace W/P+ A marker. all intervals filled w/ med.

Location to be cleared, levelled, ite in accordance w/ ascres of NM Dept of Gamer Fish.

TD- 4300

PERFS: 4040-4249

18. I hereby certify that the foregoing is true and correct

UM TITLE ADMINISTRATIVE ASSISTANT

MAR 16 1976

(This space for Federal or

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

0+4- USG5-H 1- DIV 1- 505 P

*See Instructions on Reverse Side RITHUR R. BRU DISTRICT ENGINEER

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1 677

ONL COMMA. CA COMM. EOBBS, N. M.