<u> </u>		HOBBS OFFICE	- A
ADDRESS OF OPERATOR		110 00 01 FILE	U. C. L. NO.
P. O. Box 848, Ro	swell, Ber Mixico	M. 20	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirement)  See also space 17 below.)  At surface			ALFOCAL
			11. SEC., T., B., M., OR BLK. AND SURVEY OF AREA
660° FS & BL			Sec. 13-W-30E
14. PERMIT NO.	15. ELEVATIONS (Show whether	15. ELEVATIONS (Show whether DF, RT, GR, etc.)	
	4175° 0	). I.	Chaves N. M.
16. Ch	eck Appropriate Box To Indicate		
NOTICE	OF INTENTION TO:	នបាន	EQUENT REPORT OF:
TEST WATER SHUT-OFF	PULL OR ALTER CASING	WATER SHUT-OFF	BEPAIRING WELL  ALTERING CASING
FRACTURE TREAT	MULTIPLE COMPLETE	FRACTURE TREATMENT	ALTERING CASING
SHOOT OR ACIDIZE	ABANDON*	SHOOTING OR ACIDIZING	ABANDONMENT
REPAIR WELL	CHANGE PLANS	(Other)	No. of sulfine completion on Wall
(Other)		Completion or Recor	ilts of multiple completion on Well mpletion Report and Log form.)
17. DESCRIBE PROPOSED OR COMPL	ETED OPERATIONS (Clearly state all perting directionally drilled, give subsurface k	nent details, and give pertinent dat coations and measured and true ver	tes, including estimated date of starting ar- tical depths for all markers and sones pert
nent to this work.) *			្រស់ជីធម៌ ដី មិនជាក់ 🕏
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		્રે દે	
1625 - 1725' (Yat	es), 345 - 400' (surface	easing), 0 - 20' (s	OF VENANTA
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Dovall performed	this work.		ដាទីដីឯស 🤌 ក្ទុស៊ីភ
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This test was plu	gged on oral permission	from the District Do	High casts  High c
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18. I hereby certify that the fo	regoing is true and correct		
كس ١ )	8 Aprico 0 00	Operator	15.10 Samples 15.10
SIGNED	TITLE		DATE -
(This space for Federal or	State office use)		(40) (40) (40) (40) (40) (40) (40) (40)
( )			그 목가 찍힌 가 속을 가가 되다.
APPROVED BY	TITLE		3 DATE
CONDITIONS OF APPROV	au, er au		Cent from Cent for the conditional for the con
			- 함께 덩다 - 판 - 망구노
•			The Sale of the Control of the Contr

\*See Instructions on Reverse Side