Form 9-331 (May 1963)		UNITED STA		SUBMIT IN TRIPLI		Form approved. Budget Bureau No. 42-R1424.
(244) 2000)		MEN TH		R verse side)	5, LEAS	E DESIGNATION AND SERIAL NO.
		GEOLUGICAL S			6. IF IN	DIAN, ALLOTTEE OR TRIBE NAME
(Do not use	this form for propo Use "APPLIC	ICES AND RISALS to drill or to do ATION FOR PERMIT	EPORTS ON epen or plug back —" for such prope	N WELLS to a different reservoir. osals.)		
OIL GA	AS OTHER	Water	Injec	teón		MC A
2. NAME OF OPERAT	tinent	el al	il "Ce)- ,	8. FARM	CA Unit
3. ADDRESS OF OPE	HOO	Habb	2. m.m	كهو	9. WELI	12-3
4. LOCATION OF WE See also space 1 At surface	LL (Report location 7 below.)	clearly and in accord	ance with any Sta	te requirements.*	mal	LA AND POOL, OR WILDCAT
660'F.	NL one	1660'F	-WL of	See 26	11. sed	TT., R., M., OR BLK. AND URVEY OR AREA 26. T-175. R-32/
14. PERMIT NO.		15. ELEVATIONS (S	how whether DF, RI	GR, etc.)	12. cou	NTY OR PARISH 13. STATE WING N.M.
16.	Check A	ppropriate Box T	o Indicate Nat	ure of Notice, Repo	rt, or Other Do	ita
	NOTICE OF INTE	NTION TO:			SUBSEQUENT REPO	RT OF:
TEST WATER SI FRACTURE TREA SHOOT OR ACID: REPAIR WELL	л 🔀	PULL OR ALTER CASI MULTIPLE COMPLETE ABANDON* CHANGE PLANS		WATER SHUT-OFF FRACTURE TREATMEN SHOOTING OR ACIDIZ: (Other)	i	ALTERING CASING ABANDONMENT*
(Other)	108 2	éner	X	(Note: Report	results of multip Recompletion Rep	ple completion on Well ort and Log form.)
17. DESCRIBE PROPOS proposed wor nent to this w	SED OR COMPLETED OF rk, If well is direct york.) *	ERATIONS (Clearly St.	ate all pertinent d subsurface location	etails, and give pertinents and measured and tru	nt dates, including e vertical depths	g estimated date of starting any for all markers and zones perti-
t is pr	oposed	to se		uner or	oco de	res: Run
is well	e by	the of	occar	is and measured and true very set at	+ 38	90'. Cement
						- pocker at
100	socks	class	- C C	1 Fine	w/30	pocker at ,000 gals 20140 Sond,
	, tailp	ipe at	- 2980 	. 1 60.00	00#2	20/40 Sond.
860 W/	produ	ced w	der	ona ag		
ested	7			l. tainab	2 fro	,000 gars 20/40 Sond. m. Brou

treated produced water and ago Note: Verbal approval obtained from Mr. Brow on 11-3-72 to perform this work.

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

SIGNED (Chest) Smult (1)

TITLE almon, Supervisor DATE 1/-3-72

(This space for Federal or State office use)

APPROVED BY _______CONDITIONS OF APPROVAL, IF ANY:

The M

*See Instructions on Reverse Side

USGS(S) MCA(3) File