UNITED STATES

SUBMIT IN TRIPLICATES

Form approved. Budget Bureau No. 42-R1424.

| 5. LEASE DESIGNATION AND SERIAL | NO. |
|---------------------------------|-----|
| 10-029410 | (a |

| MRY 1963) | DEPARTN G | F THE INTER | RIOR verse side) | 5. LEASE DESIGNATION AND SERIAL NO. LC - 029410 (a) |
|--|-----------------|--|---|---|
| (Do not use | | CES AND REPORTS als to drill or to deepen or plug TION FOR PERMIT—" for such | hack to a different reservoir. | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME |
| | AS OTHER | WATER INJE | TION WELL | 7. UNIT AGREEMENT NAME MCA 8. FARM OR LEASE NAME |
| NAME OF OPERA | INENTAL | DIL COMPAN | 17 | MCA UNIT |
| Bo X | 460 4 | lobbs. N.M. | 88240 | 2// 10. FIELD AND POOL, OR WILDCAT |
| See also space | 17 below.) | learly and in accordance with an | | MALJ. G-SA REPRESS. |
| 660'FS | SLE 660'F | EL of SEC. | 29 | SEC. 29. 7-175, R-32 |
| 14. PERMIT NO. | | 15. ELEVATIONS (Show whether | DF, RT, GR, etc.) | 12. COUNTY OR PARISH 13. STATE |
| 16. | Check A | ppropriate Box To Indicate | Nature of Notice, Report, o | r Other Data |
| | NOTICE OF INTEN | ITION TO: | SUB | BEQUENT REPORT OF: |
| TEST WATER S FRACTURE TRE SHOOT OR ACI | EAT | PULL OR ALTER CASING MULTIPLE COMPLETE ABANDON* | WATER SHUT-OFF FRACTURE TREATMENT SHOOTING OR ACIDIZING | REPAIRING WELL ALTERING CASING ABANDONMENT* |
| (Other) | INSTALL C | ASING E IZEMT X | Completion or Reco | ults of multiple completion on Well ompletion Report and Log form.) |
| proposed wo | work.)* | ave wieting | Siciency he | ates, including estimated date of starting any rtical depths for all markers and zones perti- |
| | , , | 1 1. 20 | W HOLLAND Hold | New TD of 4125. Depending on cosing to st casing liner or |
| , | | / / / / / / / / / / / / / / / / / | MILLA MAIONTI MAIL | |
| | | | | |
| tull St | 11 chine | coment w/125sks | Class "C" come | out. If Necessory, |
| 587 PU | 11 2 2dd | 1. 50 sks. Cles | an out of drill | eut, place back |
| STACE. | jection. | | , | • |
| - - · | 3 | | • | |

18. I hereby certify that the foregoing is true and correct TITLE . (This space for Federal or State office use)

*See Instructions on Reverse Side

USGS-S. MCA-3, File