Form 9-331 (May 1963)	UNITED STATES	SUBMIT IN TRIPLICATE	
	DEPARTMEN)F THE IN	IERIOR verse side)	5. LEASE DESIGNATION AND SERIAL NO.
	GEOLOGICAL SURV	· · · · · · · · · · · · · · · · · · ·	LC-059001
(D	UNDRY NOTICES AND REPOR	RTS ON WELLS	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
(Do not use	this form for proposals to drill or to deepen or Use "APPLICATION FOR PERMIT—" for	plug back to a different reservoir.	
1.			7. UNIT AGREEMENT NAME
WELL WE	LL OTHER WOULD ON	cction	mcA
2. NAME OF OPERATO	OR O		8. FARM OR LEASE NAME
3. ADDRESS OF OPER	ental Oil Company		nc4 anith
Box 46		88240	9. WELL NO.
4. LOCATION OF WEL	L (Report location clearly and in accordance with	th any State requirements.	10. FIELD AND POOL, OR WILDCAT
See also space 17 At surface	nelow.)		mali G-SA Pro
1001			11. SEC., I, R., M., OR BLK. AND
1880 F.	WL and 1980 FW	L ALSec 33	SURVEY OR AREA
14. PERMIT NO.		y	Sec 33, 7-175, K-32
14. PERMIT NO.	15. ELEVATIONS (Show whe		12. COUNTY OR PARISH 13. STATE
		916 of	No Nolly
16.	Check Appropriate Box To Indic	ate Nature of Notice, Report, or (Other Data
	NOTICE OF INMENTION TO:	1	UENT REPORT OF:
TEST WATER SHU	T-OFF FULL OR ALTER CASING	WATER SHUT-OFF	
FRACTURE TREAT	MULTIPLE COMPLETE	FRACTURE TREATMENT	ALTERING CASING
SHOOT OR ACIDIZI	E ABANDON*	SHOOTING OR ACIDIZING	AHANDONMENT*
REPAIR WELL	CHANGE PLANS	(Other) algrenin	1 Setting lines
(Other) 17. DESCRIBE PROPOSED	OR COMPLETED OPEN TONG (CITY)		of multiple completion on Well letion Report and Log form.)
proposed work, nent to this wor	O OR COMPLETED OPERATIONS (Clearly state all per If well is directionally drilled, give subsurface k.) *	rtinent details, and give pertinent dates, e locations and measured and true vertic	including estimated date of starting an il depths for all markers and zones pert!
ulle n	eur 6 4" hale t	6750. Med	for the fast
end of	4130-4330 111/	3000 and 28/	I NE oud.
gittes on	1030 - F3 30 co,	1 Control to A	1300 Souls a
11611	at 4010	: Comence a	
tro	4230'-4330'W/:	pleted - 6-1	1 10
rement.	CAM	aloted - 6-1	6-12
emene.	Con		
	1		
	1 2		
//	7 1		

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

SIGNED

Administrative Supervisor

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

USGS (5)

FILE

MCA(3)

*See Instructions on Reverse

Sides. GEULOGICAL SURVE
HOBBS, NEW MEXICO

Rail Cal

ACO 6 1070

OIL CONSERVANCE CO...M. HOSES, N. M.