Form 9-331 (May 1963)	UNITED : DEPARTMEN)F GEOLOGICA	THE INTERIO	SUBMIT IN TRIPLI (Other instructions) (Other instructions)	Bu	rm approved. Idget Bureau No. 42-R142 ESIGNATION AND SERIAL NO.
(Do not use this fo	ORY NOTICES AND ORM for proposals to drill or Use "APPLICATION FOR PE	to deepen or plug be-	ok to a different warrant	6. IF INDIAL	N, ALLOTTEE OR TRIBE NAME
OIL GAS WELL	OTHER			7. UNIT AGR	PAC A
2. NAME OF OPERATOR	mtal a	il Ca	EQ.EIV	8 FARM OR	LEASE NAME
3. ADDRESS OF OPERATOR	O Hall	\mathcal{D}_{0}		9. WELL NO	2011
4. LOCATION OF WELL (Rep See also space 17 below At surface	port location clearly and in a	cordance with any S	tat requirements.	10. FIELD A	ND POOL, OR WILDCAT
	and 129	s'FEL	A GOLOGICA	11. SEC., C., SURVE	R., M., OR BLK. AND
4. PERMIT NO.	15. ELEVATION	NS (Show whether DF, R	T, GR, etc.)	12. COUNTY	OR PARISH 13 STATE
		3900's	st gr	- L	ea N.Me
8.	Check Appropriate Bo	x To Indicate Na		, or Other Data	
TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (Other) 7. DESCRIBE PROPOSED OR CO	PULL OR ALTER MULTIPLE COMP ABANDON* CHANGE PLANS	LETE	WATER SHUT-OFF FRACTURE TREATMENT SHOOTING OR ACIDIZIN (Other) (NOTE: Report Completion or R	A A A A A A A A A A A A A A A A A A A	EPAIRING WELL LITERING CASING BANDONMENT* STUDIAN DIMPletion on Well nd Log form.)
nent to this work.)* n 5 ½ " nted W	Cosing (1 / 150 sh	4#) o es clo en so	end se co ck. Fall	t at Cement Cowed	4175, - W/490 W/12550
s c o	ement 6	U/3#.	salt, 3#	t sond	and if
cele per	sock	. TOP	of cen	nent.	by sur
2660:	PBD at 9	4136,			
8. I hereby certify that the	foregoing is true and corre			•	
SIGNED SULF	driffe	TITLE OS	min Sapen	DATE	1-14-72
(This space for Federal	or State office use)				

*See Instructions on Reverse Side

J 1 1 1 1972

USO(SCS) MCA(3) File

APPROVED BY _______ CONDITIONS OF APPROVAL, IF ANY:

HOBSS, NEW MEXICO