(May Loop	DEPARTMENT	ED STATES OF THE INTER GICAL SURVEY	Officer instructions (Officer)	V/4 - 0'10		
SU (Do not use th		6. IF INDIAN, ALLOTTEE OR TRIBE NAME				
OIL A GAS DTY HOLE Dry Hole					7. UNIT AGREEMENT NAME  8. FARM OR LEASE NAME	
<del></del>	ames P. Dunigan			Cockburn  9. WELL NO.	Cockburn Federal  9. WELL NO.	
C/O HODDS  4. LOCATION OF WELL See also space 17 b At surface	Pipe & Supply (Report location clearly an elow.)	Company Box	State requirements.	N.M. 1 10. FIELD AND POO		
990' FSL	Corbin 11. arc., T., B., M., 8URVEY OR A	OH BLE. AND REA				
14. PERMIT NO.	15. EL	EVATIONS (Show whether D	(Show whether DF, RT, GR, etc.)		12. COUNTY OR PARISH 13. STATE	
		4073 D.F.		Lea	N. M.	
16.	Check Approprie	ate Box To Indicate N	Nature of Notice, Repor	r, or Other Data		
	NOTICE OF INTENTION TO	:		SUBSEQUENT REPORT OF:		
TEST WATER SHUT FRACTURE TREAT SHOOT OR ACIDIZE		ALTER CASING	WATER SHUT-OFF FRACTURE TREATMEN SHOOTING OR ACIDIZE	T ALTERIN	G CASING X	
REPAIR WELL (Other)	CHANGE	PLANS	(Other) (Nore: Report	results of multiple complet Recompletion Report and	ion on Well form.)	
1. Spott 2. Spott 3. Spott 4. Hole	ed a 30 Sx ce ed a 30 Sx ce	ment plug at ment plug at ment plug at th mud-laden		stub @ 1400 shoe at 320		
	Assembly true	nd correct				
18. 1 cby certify the	And the foregoing is true a	nd correct	Agent	DATE	/8/71	
space for F	ederal or State office use)	TITLE		DATE	DATE	
CONDITIONS OF	APPROVAL, IF ANY:		1.7 11.7	IN S1 192 -		
		*See Instruction	ns on Reverse Side	L GCRDON 180-BIT ENBERGER		