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Form 9-331 (May 1963)	UNITE	ED STATES	SUBMIT IN TRIP	T.TCATES	Form approved.	
	DEPARTMENT	OF THE INTER	IOR (Other instruction	as on re-	Budget Bureau I	No. 42-R1424
		GICAL SURVEY		<b>N/A</b>	1. A INE O	BERIAL NO.
SI				6. IF I	DIAN, ALLOTTER OR	14
(Do not use	JNDRY NOTICES A	AND REPORIS	ON WELLS		SEE H S	R TRIBE NAME
	this form for proposals to dr. Use "APPLICATION FO	OR PERMIT—" for such I	proposais.)	oir.		i di di Maru
OIL GAS					AGREEMENT NAME	*
WELL WEI		1		$\mathcal{D}_{i}$	DINC 11	7
2. NAME OF OPERATO	a Z	111	a	8. FARM	OR LEASE NAME	VIF 10
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3. APRESS OF OPER	TOR > / DI	- C	Coch	9. WEL	- NO.	Vine
20468	5 HODY	nm	88240	. g	1 X X	
See also space 17	(Report location clearly and below.)	i in accordance with any	State requirements.*	10. FIE	D AND POOL, OF W	ILDCAT
At surface	11 -	/ -	,	1,00	L CTOO.	
10 FSL	X 660 FWA	1 00021	1 (// + M	11. SEC	T., R., M., OR BLK.	AND
	. 000 . 10	-1892061	Cance M.	s	DRVEY OR AREA	
14. PERMIT NO.			5W/4 SU	114 21-	1G-20 1	VMON
and a substantial No.	15. ELE	VATIONS (Show whether DE	F, RT GR, etc.)	12. cou	NTY OR PARISH 13	B. STATE
		3589'	R. D. B.	1 =	۵.	NM
6.	Check Appropriat	e Box To Indicate N	lature of Notice, Repo			<u> </u>
	NOTICE OF INTENTION TO:	maidate f		on, or Other Da		를 당 품 중
TEST TIATES	<del></del>			SUBSEQUENT REPO	IT OF:	₹ }
TEST WATER SHU	Tell of A	LTER CASING	WATER SHUT-OFF	#	REPAIRING WELL	
SHOOT OR ACIDIZE	MULTIPLE	COMPLETE	FRACTURE TREATME	INT 4	ALTERING CASING	<del></del>
REPAIR WELL	ABANDON*		SHOOTING OR ACIDIS	zing 🔀	ABANDONMENT*	
(Other)	CHANGE PL	ANS	(Other)			
7. DESCRIPE PROPOSER	OF COMPLETE			rt results of multip Recompletion Repo	TE SOC LOG form \	
proposed work.	OR COMPLETED OPERATIONS (( If well is directionally drille	Clearly state all pertinent ed, give subsurface locat	t details, and give pertine	nt dates, including	estimated date of	starting any
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(Auts space for Fed	leral or State office use)				<del>} a                                   </del>	
APPROVED BY		TITLE		# # # # # # # # # # # # # # # # # # #		
CONDITIONS OF	APPROVAL, IF ANY:	IIIUN	i¥ gra sayona	DAT	TE	4 H
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