(May 1963)			INTERIO	SUBMIT IN TRIPLICA (Other instructions on verse side)	TE- 5. GEAS	Form approved Budget Bureau B DESIGNATION A	1 No. 42-R1424.						
SUNDRY NOTICES AND REPORTS ON WELLS (Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use "APPLICATION FOR PERMIT—" for such proposals.) 1. OIL GAS WELL OTHER 2. NAME OF OPERATOR F. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* At surface At surface						6. IF INDIAN, ALLOTTED OR TRIBE NAME 7. UNIT AGREEMENT NAME 8. FARM OR LEASE NAME							
									L NO.	ar ont u			
									10. FIELD AND POOL, OR WILDCAT				
									660' PNL & F Isa County,	75 PET Yew Mex	., Sec. 22, 1 dec.	The second secon	8-32E,
						14. PERMIT NO. 15. BLEVATIONS (Show whether DF, RT, GR, etc.)							<u>Sa, R-32</u> E
							,	27.77	i, un, euc.)	12. 600	NTY OR PARISH		
16.					<u> </u>	<u> </u>	<u> N.M.</u>						
	Check A	ppropriate Box To In-	dicate Na	ture of Notice, Report, c	or Other Da	ita							
NOTICE OF INTENTION TO: SUBSEQ.						UENT REPORT OF:							
TEST WATER SHUT-OFF		PULL OR ALTER CASING		WATER SHUT-OFF		REPAIRING WE	SLL						
FRACTURE TREAT		MULTIPLE COMPLETE		FRACTURE TREATMENT		ALTERING CAS							
SHOOT OR ACIDIZE		ABANDON*	<u>X</u>	SHOOTING OR ACIDIZING		ABANDONMENT	·•						
REPAIR WELL	لـــا	CHANGE PLANS		(Other) (Note: Report res	mite of multip	1							
(Other)				Completion or Reco details, and give pertinent do as and measured and true ve	ampiation Ran	ort and I am farm	- 1						
rroposed to 1	Fill Cut a Place Place (1100 Place Ecle	open hole se nd pull appres 50 sack cem 5-1200') to sack cem between plus	e well ction oximat ent pl ent pl ent pl s will	ally feasible. using the foll 3900-4790' with ely 2300' of 7 ug over top of ug over bottom ug at surface. be filled with and erect dry 1	lowing n 350 s " casin 7" cas of sar	procedur acks cem g. ing stub face cas	e: ent.						
-	2500-26	tyue and correct		ion, place additi			6.57						
(This space for Federal APPROVED BY CONDITIONS OF APPR	OVAL, IF A	ce use) TIT	LE	AUG AUG)67	TE							
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*See Instructions on Reverse Side