Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: TEST WATER SHUT-OFF FRACTURE TREAT MULTIPLE COMPLETE SHOOT OR ACIDIZE REPAIR WELL (Other) DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and sones pertinent to this work.)*	Form 9-331 (May 1963)	UN D STATES		Form approved. Budget Bureau No. 42-R	
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Sinclair Cil & Gas Company ADDRAGO POPERATOR BOX 1920, Hobbs, New Mexico 88240 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	OIL GAS OTH	IER Anto Atlantic Richfield Com	red DEOR	7. UNIT AGREEMENT NAME	
DEAX 1020, Hobbs, New Mexico 88210 DOCATION OF WILL Hold and Pool, on William Recordance with any State requirements. At surface 17 below, 990 from the Korth line and 990 from the West line. PERMIT 20. D. H. Herathone (Show whether pr. NT. On. etc.) D. F. 3730 from the Korth line and 990 from the West line. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data NOTICE OF INTERFECT TO ALTER CARNO MULTIPLE COMPLETE THAT WATER SHUP-OFF PRACTURE TREATMENT ORDER OF INTERFECT AND ALTER CARNO MULTIPLE COMPLETE CHARGE FLANE CHARGE			//////////////////////////////////////	8. FARM OR LEASE NAME	
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Orig. & 4cc: USGS, Hobbs, N.M. cc: Regional Office, cc: file
*See Instructions on Reverse Side