| Form 9-331<br>(Maj 1963)   | UNITED ST.<br>DEPARTMENT   |   |  | TRIPLICATE.  | For a approved.<br>Budget Bureau N  | o. 42-R1424 |
|--|--|---|--|--|---|-------------|
| DEPARTMENT THE INTERIOR (Other Instructions CEOLOGICAL SURVEY  |  |   |  |  | 5. LEASE DESIGNATION AND SERIAL NO.<br>LC 045708-B                            |             |
| (Do not use this fo  | RY NOTICES AND I<br>rm for proposals to drill or to<br>Use "APPLICATION FOR PERM   | deepen or plug br   | ick to a different   | reservoir.   | 6. IF INDIAN, ALLOTTEE OR   | TRIBE NAME  |
| 1.<br>OIL CAB WELL OTHER   |  |   |  |  | 7. UNIT AGREEMENT NAME  |             |
| 2. NAME OF OPERATOR<br>IMPERIAL AMERICAN MANAGEMENT COMPANY  |  |   |  |  | 8. FARM OR LEASE NAME<br>Owens Federal  |             |
| 3. ADDRESS OF OPERATOR   |  |   |  |  | 9. WELL NO.   |             |
| 215 Mid America Bldg., Midland, Texas 79701  |  |   |  |  | 2   |             |
| <ul> <li>LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*<br/>See also space 17 below.)<br/>At surface</li> <li>1980 FSL and 660 FWL</li> </ul> |  |   |  |  | 10. FIELD AND POOL, OR WILDCAT<br>Wantz Abo                                   |             |
|  |  |   |  |  | 11. SEC., T., E., M., OR BLK. AND<br>SURVET OR AREA<br>19-T2 IS-R38E          |             |
| 14. PERMIT NO.   |  | Show whether DF, 1<br>53 GR   | RT, GR, etc.)  |  | 12. COUNTY OR PARISH 13.<br>Lea New   | N Mexico    |
| 16.  | Check Appropriate Box 1  | o Indicate No   | iture of Notice  | , Report, or Ot  | her Data  |             |
| NOT  | TICE OF INTENTION TO:  | 1   |  |  | NT REPORT OF:   |             |
| TEST WATER SHUT-OFF  | PULL OR ALTER CAS  |   | WATER SHU  | r-off  | REPAIRING WELL  |             |
| FRACTURE TREAT   | MULTIPLE COMPLET   | s   | FRACTURE T   | REATMENT   | ALTERING CASING   |             |
| SHOOT OR ACIDIZE   | ABANDON*   | ·   | SECOTING OF  | Status Rep   | ABANDONMENT*  |             |
| (Other)  | CHANGE PLANS   |   | (Other)<br>(Norm   | Report results of  | multiple completion on W<br>on Report and Log form.)                          | _X          |
|  |  |   |  |  | 19 1974.  |             |
|  |  | ÷ , <b>f</b> -  |  |  | MENTER NEW MEATCH   | Ž.          |
| not been a<br>over poten<br>will be co<br>then be av<br>and to per<br>time be gi   | thip of this proper<br>leral Bankruptcy A<br>ble to provide fu-<br>tial. It is anti-<br>implete in the lat<br>ailable to examina<br>form the workover<br>ven for this cont<br>t of the well. | nds for t<br>nds for t<br>cipated t<br>ter quart<br>e the pro<br>if justi | Trustee o<br>he necess<br>hat the c<br>er of 197<br>perty for<br>fied Wa | f the corp<br>ary examin<br>ompany's r<br>5 and that<br>workover | oration has<br>ation of work-<br>eorganization<br>funds will<br>possibilities | -           |
| 8. I hereby certify that the   | foregoing is true and correct  |   |  |  | · · · • •   |             |
| SIGNED   | 1 June alle  | TITLE   | Agent  |  | DATE 10/26/74   |             |
| (This space for Federal  | or State office use)   |   |  | 107A MK  |   |             |
| APPROVED BY<br>CONDITIONS OF APPRO   |  | TITLE   |  | () (H)   | DATE  |             |
| CONDITIONS OF APPR   | UTAL, IT ANI;  |   | li at se   |  |   |             |
|  |  |   |  | ·  |   |             |

\*See Instructions on Reverse Side