			•			
Form 9-331 (May 1963)	<b></b>	UNITED STA		SUBMIT IN TRIPLACATE	Form app	roved. Frenu No. 42-R1424. •
	DEPAR <sup>-</sup>	TMEN". F TH	IE INTERIO	R (Other Instructions (	5. LEASE DESIGNATI	
		GEOLOGICAL S	SURVEY		120-032	09961
	SUNDRY NO	TICES AND R	FPORTS OF	J WELLS	6. IF INDIAN, ALLOT	TEE OR TRIBE NAME
(Do not u	se this form for proj		eepen or plug back	to a different reservoir		-
1. OIL [73 6	GAS [7]				7. UNIT AGREEMENT	NAME
WELL LAL	WELL OTHER	Nmfu				
2. NAME OF OPER			8. FARM OR LEASE NAME			
3. ADDRESS OF OF	ntal Oil C	LOCKHAR	LOCKHART B.31			
		5 b a - 10 a - 14 a		4 0	9. WILL NO.	
4. LOCATION OF W	OX 400 HO	bbs, ilew Me	XICO 8824	4 ()	10. FIELD AND POOL	
See also space At surface	17 below.)	To A	, OR WILDCAY			
3 6 /	FUL &	11. SEC. T. B. M. 9	R RLK. AND			
2080	PNL 4	SURVEY OR AS	.E.A			
					Can 31 T.	-110 0 31 1
14. PERMIT NO.			how whether DF, RT		12. COUNTY OR PARI	-2/5 R. 36 E sh  13. state
		. 36	39'DF		LOA	NM
16.	Chack A	norangata Bay T	o Indianto Not	ure of Notice, Report, or		
			o indicate Ivati	ure or Notice, Keport, or	Other Data	
	NOTICE OF INT	ENTION TO:		SUBSE	QUENT REPORT OF:	
TEST WATER S	SHUT-OFF	PULL OR ALTER CASIS	NO	WATER SHUT-OFF	REPAIRING	WELL
FRACTURE TRE	TAT	MULTIPLE COMPLETE		FRACTURE TREATMENT	ALTERING	CASING
SHOOT OR ACI	DIZE	ABANDON*		SHOOTING OR ACIDIZING	ABANDON	ient*
REPAIR WELL		CHANGE PLANS		(Other)	F J.	X
(Other)				Completion or Recon	ts of multiple completion pletion Report and Log	form )
proposed wo nent to this y		PERATIONS (Clearly sta tionally drilled, give s	ite all pertinent de ubsurface location:	etails, and give pertinent date s and measured and true vert	es, including estimated d leal depths for all mark	ate of starting any ers and zones perti-
	of Well: =					
Approxi	mate date	that temp.	aban. com	menced: 4-/-	·フ/	
Reason	for temp.	aban.: Un	1economi	CAL		
<b>.</b> .						
Future	plans for	well:				
		<b>a</b>				
	Holding to	r secondary				
		o securating	recovery			
	V		/			
						•
			T.4	ar commence of the section of the se		
				- approval of each	DEC 1 1976	
				anamidument exigne	ALO T 1910	

18. I hereby certify that the foregoing is true and c	TITLE & Stapp	Rest	DATE /1-75
(This space for Federal or State office use)			
APPROVED BY	TITLE	1	DATE/
CONDITIONS OF APPROVAL, IF ANY:			
SS (5) FILE NMfu(4)		179 1210	
, , , , , , , , , , , , , , , , , , , ,	*See Instructions on Reverse Side	SUCAL SUR	NEV )