Form 9-331 (May 1963)

SUBMIT IN TRIPLICAT (Other instructions on

Form approved. Budget Bureau No. 42-R1424.

GEOLOGICAL SURVEY	5. LEARE DESIGNATION AND SERIAL NO. NM-1410
SUNDRY NOTICES AND REPORTS ON WELLS (Do not use this form for proposals to drill or to deepen or plug back to a different reservoi. Use "APPLICATION FOR PERMIT—" for such proposals.)	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
OIL GAS OTHER	7. UNIT AGREEMENT NAME
NAME OF OPERATOR	8. FARM OR LEASE NAME
Martindale Petroleum Corporation	PanCana Vederal
3. ADDRESS OF OPERATOR	9. WELL NO.
Box 1955, Hobbs, NH 88240	1
LOCATION OF WELL (Report location clearly and in accordance with any State requirements.	10. FIELD AND POOL, OR WILDCAT
See also space 17 below.) At surface	Drinkard
650 feet from the South line and 990 feet from the We	11. SEC., T., R., M., OR BLK. AND
line of Section 6, T-225, R-37E	SURVEY OR AREA
•	6 X,T-225, R-37E
14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, OR, etc.)	12. COUNTY OR PARISH 13. STATE
3457 GL	Lea MM
6. Check Appropriate Box To Indicate Nature of Notice, Repo	ort, or Other Data
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
TEST WATER SHUT-OFF FULL OR ALTER CASING WATER SHUT-OFF	REPAIRING WILL
FRACTURE TREAT MULTIPLE COMPLETE FRACTURE TREATME	
SHOOT OR ACIDIZE ABANDON* SHOOTING OR ACIDIZ	10

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) 17. 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 zones pertinent to this work.) *

7/19/78 Treated original Orinkard perforations 6462' - 6652' w/ 2,000 gallons 15% NE acid w/ scale inhibitor squeese.

Froduction has slowly incressed to 71 BOPD.

3. I hereby pertify that the foregoing is type and corre-	et .				. 1.	
I = I = I		Secreta	ry-Trassure		***	1/20/79
(This space for Foderal or State office use)		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		LOU KEP	OS	
APPROVED BY	TITLE		1 400 11		XX	
CONDITIONS OF APPROVAL, IF ANY:			1.000	13 2 101 L	SURVEY	
*	See Instruc	ctions on Rev	erse Side _{1.} S. C.	EOLOGIO W 335, NEW W	EXIO	