| | • | | 1 |
|---|--|--|---|
| Form 9-331 (May 1963) | UNITED STA | | Form approved. Budget Bureau No. 42-R1424. 5. LEASE DESIGNATION AND SERIAL NO. |
| | DEPARTMENT OF THE | | 1 (- 030 180 (a) |
| | | | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME |
| | JNDRY NOTICES AND R | | |
| | Use "APPLICATION FOR PERMI | eepen or plug back to a different reservoir. T—" for such proposals.) | |
| 1. OIL GAS | | , . | 7. UNIT AGREEMENT NAME |
| well wei | | ing | 8. FARM OR LEASE NAME |
| How (| imerican Det | C.M. FARNSWORTH A | |
| 3. ADDRESS OF OPER | ATOR STORE | 9. WELL NO. | |
| 4. LOCATION OF WELL | L (Report location clearly and in accord | 10. FIELD AND POOL, OR WILDCAT | |
| See also space 17 | below.) | JALMAT -OIL | |
| 330 FNL X 1659.9 FWL, Sec. 18, (UNIT C-NE/4 NW/4) | | | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA |
| | | | 18-26-37 N.M. P.M. |
| 14. PERMIT NO. | 15. ELEVATIONS (S | Show whether DF, RT, GR, etc.) | 12. COUNTY OR PARISH 13. STATE |
| | | | LEA N.M. |
| 16. | Check Appropriate Box T | o Indicate Nature of Notice, Report, or | Other Data |
| | NOTICE OF INTENTION TO: | | QUENT REPORT OF: |
| TEST WATER SHO | UT-OFF PULL OR ALTER CASI | NG WATER SHUT-OFF | REPAIRING WELL |
| FRACTURE TREAT | MULTIPLE COMPLETE | FRACTURE TREATMENT | ALTERING CASING |
| SHOOT OR ACIDIZ | | SHOOTING OF ACIDIZING | ABANDONMENT* |
| REPAIR WELL (Other) | CHANGE PLANS | (Other Note Report resul | s of multiple completion on Well pletion Report and Log form.) |
| | ED OR COMPLETED OPERATIONS (Clearly st | ate all pertinent details, and give pertinent date subsurface locations and measured and true verti | s including estimated date of starting any |
| nent to this wor | rk.) * | _ | 0 |
| Cartu | s Drilling & | o, spudded !! | "hole 3:00 P.M |
| Day C | 2-8-65 CM | 0:10 P.M. 856 OD | 24 # J-55 |
| account | | U 372' W/ 200 x | su Incos. |
| asvi | of war ser o | | OP. 18 hours |
| Ceme | in circulat | en agrees | 20 mars to |
| Lest | ed casing | u/ 1000 ps/ for 3 | o prunuis. |
| Sest | O.K. | ν | |
| O , | ^ . | | |
| Don. | con Lulo To | 7%" at 372' a | nd resumed |
| reace | line 1000 100 | 7%" al 372' a tions. | |
| anue | ing aprilia | and the second | |
| | 0 | | |
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| | | | |
| 18. I hereby certify | that the foregoing is true and correct | TITLE area Sups | 0-10-65 |
| SIGNED | , A PACCE | TITLE SUCIAL CYNTHE | DATE 9-70-65 |
| (This space for | Federal or State office use) | | |
| USQ SONDITIONS OF | TANDOVIA TO ANT. | TITLEAF | DATE |
| CONDITIONS OF | F APPROVAL, IF ANY: | en e | |
| 711/ c 2020 | | ্ | P 16 1965. |