| Form 9-331 (May 1963) | | UNITED STATES SUBMIT IN TRIPLICATE® (Other Instructions on re- (Other Instructions on re- verse side) | | Budget Bureau No. 42-R142 5. LEASE DESIGNATION AND SERIAL NO. | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|---------------------------------------------------------------|-----------------------------------------|
| G. LOGICAL SURVEY | | | Federal - LC 055546 | | |
| SUNDRY (Do not use this form f | NOTICES AND R | EPORTS ON | WELLS to a different reservoir. | 6. IF INDIAN, ALLOY | EL UC TRIBE NAME |
| (Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use "APPLICATION FOR PERMIT—" for such proposals.) | | | | 7. UNIT AGREEMENT NAME | |
| 1. OIL X CAS WELL WELL OTHER | | | | Langlie-Jal Unit | |
| 2. NAME OF OPERATOR | | | | 8. FARM OR LEASE N | AMS |
| | ROLEUM CORPORATION | <u>N</u> | | 9. WELL SO. | 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| 3. ASDRESS OF OFFICATOR 1300 Wilco Build | 66 | 10. FIELD AND COOK, OR WILDTAY | | | |
| See also space 17 below.) At surface | | | | | |
| | | | | Jalmat (Yates) 11. sec., T., R., M., OR BLK. AND | |
| | | | · | SURVEY OR AR | g a |
| Unit Letter "M", | 660' FST. & 810' F | WT. | | Sec. 5, T-25 | |
| 14. PERMIT NO. | 15. ELEVATIONS (| Show whether DF, RT, | CR, etc.) | 12. COUNTY OR PARI. | New Mexi |
| | 3182' G | | | | |
| 16. C | heck Appropriate Box 1 | To Indicate Natu | ire of Notice, Report, or | | |
| NOTICE | OF INTENTION TO: | | SUBSE | QUENT REPORT OF: | [] |
| TEST WATER SHUT-OFF | PULL OR ALTER CAS | ino | WATER SHUT-OFF | BEPAIRING | |
| FRACTURE TREAT | MULTIPLE COMPLET | E | FRACTURE TREATMENT SHOOTING OR ACIDIZING | ALTERINO | 11 |
| SHOOT OR ACIDIZE | ABANDON* CHANGE PLANS | | (Other) | | |
| (Other) Perform R | | | (Note: Report resul | ts of multiple completion pletion Report and Log | 10141.7 |
| | | tate all pertinent de | etails, and give pertinent date s and measured and true vert | s, including estimated dical depths for all mark | late of starting a ers and zones per |
| nent to this work.) * | is directionally drines, give | | | | |
| | | | | 3 B | |
| 1 P ₁₁ | ll tubing and cle | an well out | to TD of 3440'. | | |
| | | | Mattix (Queen) zor | ne. | |
| 3. Ru | n rods & tubing a | nd place wel | 1 on production. | (a.t.t.) (0a.m) | |
| 4. Th | is well will be c | ompleted on | y in the Langlie-N | lactix (Queen). | |
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| and the same of th | | | | | |
| IS. I hereby certify that the I | ossest de me and correct | | ations Supt. Wester | rn Area _{OATE} 2- | -5-74 |
| (This space for Federal o | r State office use) | | | VED | , |
| | | TITLE | ADDRO | DATE | |
| APPROVED BYCONDITIONS OF APPRO | | , | APPRO FEB 11 | 1974 | ." • |
| | | | | | |
| | *(| See Instructions of | on Reverse Signification R. P. PISTRICT TO | ,-INEE? | |
| | | | · \ \ \\ \Lightarrow \text{LIZIKIT.} | | |
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