

**UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY**

SUBMIT IN TRIP  
(Other instructions  
reverse side)

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Form approved.  
Budget Bureau No. 42-R1424.

*Copy 18 21*

**SUNDRY NOTICES AND REPORTS ON WELLS**

(Do not use this form for proposals to drill or to deepen or plug back to a different formation.  
Use "APPLICATION FOR PERMIT—" for such proposals.)

**RECEIVED**

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR <b>R. Q. Silverthorne</b>		8. FARM OR LEASE NAME <b>Kenwood</b>	
3. ADDRESS OF OPERATOR <b>P.O. Box 385, Artesia, New Mexico 88210</b>		9. WELL NO. <b>4</b>	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface  <b>1650'/S 1650'/W, Sec. 30-18S-31E, Eddy County, N.M.</b>		10. FIELD AND POOL, OR WILDCAT <b>Shugart Yates</b>	
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <b>30-18S-31E</b>	
15. ELEVATIONS (Show whether DF, RT, GR, etc.)		12. COUNTY OR PARISH <b>Eddy</b>	13. STATE <b>New Mexico</b>

**MAR 6 1980**

**O. C. D.**

**ARTESIA, OFFICE**

**Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data**

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input type="checkbox"/>	<input checked="" type="checkbox"/>

(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.)\*

On February 4, we ran rods in this well and put it to pumping.

As of March 4, 1980, we have recovered approximately 500 bbls. of water.

**RECEIVED**

**MAR 4 1980**

**U.S. GEOLOGICAL SURVEY  
ARTESIA, NEW MEXICO**

18. I hereby certify that the foregoing is true and correct

SIGNED <u><i>Nancy King</i></u>	TITLE <u>Agent</u>	DATE <u>March 4, 1980</u>
(This space for Federal or State office use)		
APPROVED BY <u>GEORGE R. STEWART</u>	TITLE _____	DATE <u>MAR 6 1980</u>
CONDITIONS OF APPROVAL, IF ANY:		