

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN THE
(Other instructions on reverse side)

NM 0107697

Form approved.
Budget Bureau No. 42-R1424.

SUNDRY NOTICES AND REPORTS ON WELLS

(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.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	5. LEASE DESIGNATION AND SERIAL NO. LC-29358
2. NAME OF OPERATOR Lenneco Oil Company	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR Box 1031, Midland, Texas 79701	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660 FNL + 1980 FEL Sec. 24	8. FARM OR LEASE NAME Ohio Jones
14. PERMIT NO.	9. WELL NO. 6
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3546	10. FIELD AND POOL, OR WILDCAT Lusk
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 24, T-19-S, R-31-E
	12. COUNTY OR PARISH Eddy
	13. STATE New Mexico

16. 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"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) Temporary Abandonment	

(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.)*

well has been SI and pumping unit moved off location. well is being held for evaluation of water flood operations.

Please cancel allowable.

RECEIVED

AUG 15 1967

O. C. C.
ARTESIA, OFFICE

RECEIVED

AUG 11 1967

U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

RECEIVED

AUG 10 1967

O. C. C.
ARTESIA, OFFICE

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

SIGNED [Signature]
(This space for Federal or State office use)

TITLE District Prod. Engineer DATE 8-8-67

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____ DATE _____

APPROVED
AUG 14 1967
R. L. SELLMAN
ACTING DISTRICT ENGINEER