

DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

Budget _____ and No. _____

5. LEASE DESIGNATION AND SERIAL NO.

NM-0560392-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Kathy-Federal

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

~~Undesignated~~
Wildcat

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

31-19S-25E

12. COUNTY OR PARISH 13. STATE

Eddy

N.M.

1.

OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Roger C. Hanks

3. ADDRESS OF OPERATOR

2100 Wilco Building, Midland, Texas 79701

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*

See also space 17 below.)

At surface 660' FNL & 1980' FWL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3568' RT

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

(Other) ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON* ☐

CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other) ☐

REPAIRING WELL ☐

ALTERING CASING ☐

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.)*

Operator wishes to change well name

From: Jody-Federal #1

To: Kathy-Federal #1

RECEIVED
AUG 20 1971
O. C. C.
ARTESIA, OFFICE

RECEIVED

AUG 21 1971

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

SIGNED

TITLE Operator

DATE 8-10-71

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

APPROVED

AUG 19 1971

H. L. BEEKMAN
ACTING DISTRICT ENGINEER

*See Instructions on Reverse Side