

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE*
(Other instructions on reverse side)

Form approved
Budget Bureau No. 42-R1424.
G. LEASE DENIGATION AND SERIAL NO.

IC-060967

G. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> Water Injection Well		7. UNIT AGREEMENT NAME S.M.G.S.A.U.
2. NAME OF OPERATOR Cities Service Company		8. FARM OR LEASE NAME Tract 1
3. ADDRESS OF OPERATOR P.O. Box 1919 Midland, TX 79702		9. WELL NO. 3
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 660' FSL & 660' FEL of Sec. 30-T17S-R33E Lea County, New Mexico		10. FIELD AND POOL, OR WILDCAT Maljamar (G-SA)
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, LT, OR, etc.) 4042 RI	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 30-T17S-R33E
		12. COUNTY OR PARISH Lea
		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) <input type="checkbox"/>	
(Other) CO, Run Liner & Acidize <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.)*

It is proposed to clean out the well bore to TD, run a Gamma Ray-Neutron Log, deepen if necessary, run a 4" liner and acidize the pay zones. This work will improve the efficiency and effectiveness of the water flood.

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

SIGNED [Signature] TITLE Region Operation Manager DATE October 21, 1977

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: _____

APPROVED
OCT 27 1977
ARTHUR R. BROWN
DISTRICT ENGINEER

*See Instructions on Reverse