

COPY TO O.C.C.

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPlicate
(Other instructions on reverse side)

Form approved
Budget Bureau No. 42 R1421

LEASE, DESIGNATION AND SERIAL NO.

NM0392367

LAND, ACRES 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 ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Clarence Forister

3. ADDRESS OF OPERATOR

PO Box 161, Artesia, NM 88210

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface

1980 FNL & 660 FNL Sec. 24, T-18-S, R-32-E

14. PERMIT NO.

15. ELEVATIONS (Show whether DE, RT, OR, etc.)

7. LEASE AGREEMENT NAME

8. FARM OR LEASE NAME

Cinco de Mayo Fed

9. WELL NO.

2

10. FIELD AND BEAR OR WILDCAT

Shinnery Queen

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

Sec. 24, T18S, R32E

12. COUNTY OR PARCEL 13. STATE

Ira

NM

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 COMPLETION ☐

ABANDON* ☐

CHANGE PLANS ☐

change operator x

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.)*

Change name of operator from Lewis B. Burleson, Inc. to Clarence Forister.

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

SIGNED

Clarence Forister

TITLE

DATE

12-11-80

(This space for Federal or State office use)

APPROVED BY

(Orig. Sgd.) PETER W. CHISTEN

TITLE ACTING DISTRICT ENGINEER

DATE

JAN 8 1981

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side