

Form 9-371  
(May 1967)

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPlicate  
(Other instructions on form  
are inside)

Form approved  
Budget Bureau No. 42 R1424  
5. LEASE IDENTIFICATION AND SERIAL NO.

NM0392867

6. IF IN LEASE, LIST LEASE 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

**990 FNL & 990 FWL Sec. 24, T-18-S, R-32-E**

14. PERMIT NO. \_\_\_\_\_ 15. ELEVATIONS (Show whether DE, RT, GR, etc.)

7. UNIT OR DISTRICT NAME

8. FARM OR LEASE NAME

**Cinco de Mayo Fed**

9. WELL NO.

**3**

10. FIELD AND FOOT, OR VULCAT

**Shinnery Queen**

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

**Sec. 24, T18S, R32E**

12. COUNTY OR PARISH 13. STATE

**Isla NM**

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETION

SHOOT OR ACIDIZE

ABANDON\*

REPAIR WELL

CHANGE PLANS

(Other) \_\_\_\_\_

**change operator X**

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT\*

(Other) \_\_\_\_\_

(Note: Report results of multiple completion or 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 (Orig. Sgd.) **PETER W. CHESTER**

TITLE **ACTING DISTRICT ENGINEER**

DATE **JAN 8 1981**

CONDITIONS OF APPROVAL, IF ANY: