COPY TO O. C. C.

Fort (Ma	UNITED STATES SUBMIT IN TRIPLICATION (Other instructions of DEPARTMEN). JF THE INTERIOR verse side)	Form approved. Budget Bureau No. 42-R1424. 5. LEASE DESIGNATION AND SERIAL NO.	
	GEOLOGICAL SURVEY	NM-013796	
	SUNDRY NOTICES AND REPORTS ON WELLS	6. IF INDIAN, ALLOTTI	
	(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.)		
	Use "APPLICATION FOR PERMIT—" for such proposals.)	등 첫 수 장	9 % 8 55
1.	OIL 807 GAS	7. UNIT AGREEMENT N	: ° = % 7
	WELL X WELL OTHER	र्वे च्रीत	
2.	NAME OF OPERATOR	8. FARM OR LEASE NA	ME XELE
	Cities Service Company		<u>A                                    </u>
3.	ADDRESS OF OPERATOR	9. WELL NO. 4. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5.	t don bare bare
	P.O. Box 1919 Midland, TX 79702  LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*	10. FIELD AND POOL,	
4.	See also space 17 below.) At surface	Corbin ABO	
		11. SEC., T., R., M., OR	BLK. AND
	710 FNL 2310 FWL Section 31-T17S-R33E	SURVEY OR ARE	
	Lea County, New Mexico	Sec 31 - 117	2
14.	PERMIT NO.   15. ELEVATIONS (Show whether DF, RT, GR, etc.)	12. COUNTY OR PARIS	
	4008' DF	Lea Edition	New Mexic
			1 - 3 - 3 - 3 - 3
16.	Check Appropriate Box To Indicate Nature of Notice, Report, or O	Other Data 가를 등 중 다.	
	NOTICE OF INTENTION TO: SUBSEQU	ENT REPORT OF:	
	TEST WATER SHUT-OFF PULL OR ALTER CASING WATER SHUT-OFF	REPAIRING	WELL TO THE
	FRACTURE TREAT MULTIPLE COMPLETE FRACTURE TREATMENT	ALTERING	9 3 7 7 -
	SHOOT OF ACIDIZE ABANDON* SHOOTING OF ACIDIZING	ABANDONMI	
	BEPAIR WELL CHANGE PLANS (Other) Witnessed	d casing leak	X
	(Other) (Note: Report results Completion or Recomple	of multiple completion etion Report and Log fo	on Well
17.	DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, proposed work. If well is directionally drilled, give subsurface locations and measured and true vertica	including estimated da	te of starting any
	nent to this work.)* survey & identification of above ground connections from casing	ngheads 3	Howten
	darvey a manual control of the contr	a 유교는 <sup>6</sup>	itan
		hogaaobunda nomaobunde / baa (mobad l g bollaa gabb da serji rawa / y	
		Ting but he had	Fodorul  M. OS. Will  Minst The  Line corb.
			or Fed Strions or School or School
	Dug out cellar. Installed riser to surface from one valve on	each jagage	eri of firegra of ma armi
	casinghead. Installed a second valve on each riser above grow		2 5 2 - <u>-</u>
	and properly identified each. Backfilled cellar. Witnessed	by and a	30 12 13 13
	Mrs. Wenny Kelly with USGS.	oper Ingleson in Ingleson Ingl	oposaly are suction are suction
		Juonpe Born oh Juoh ; Juni zeo Juli de i	pred.
		7 cl	
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			<b>到</b>
		MARZE	0 to = 3 = 3
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		U. S. GEOLOGIC	ALSURVEY.
		HOBBS, NEW	MEXICO
		96.5 15.4 16.5 16.5 16.5 16.5 16.5 16.5 16.5 16.5	
18	I hereby certify that the foregoing is true and correct	<u> </u>	<u> </u>
10.	Region Operations Mor.	E 2 2 2 3	/22/79 = =
	SIGNED	DATE	
	(This space for Federal or State office use)	RECORPTED IN	Paris Series
	APPROVED BY TITLE TITLE MAR 2	DATE TE	<del></del>
	CONDITIONS OF APPROVAL, IF ANY:	1079	
	MAR 27	( DIANE ICI)	
	*Conformation on Powers Side at OCI	CAL SURVE	

\*See Instructions on Reverse Side S. GEOLOGICAL SURVEY NEW MEXICO

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or configuration with