

UNIT STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE  
(Other instructions on  
reverse side)Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC-062391

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Wyatt B Federal

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Corbin ABO

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

Sec 33 T17S-R-33E

12. COUNTY OR PARISH

Lea

13. STATE  
New Mexico

## 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

Cities Service Company

3. ADDRESS OF OPERATOR

P.O. Box 1919 Midland, TX 79702

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface990 FSL 330 FEL Sec 33-T17S-R33E  
Lea County, New Mexico

14. PERMIT NO.

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

4109' DF

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)

Witnessed casing leak

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 perti-  
nent to this work.)\*

survey &amp; identification of above ground connections from casingheads

Dug out cellar. Installed riser to surface from one valve on each  
casinghead. Installed a second valve on each riser above ground  
and properly identified each. Backfilled cellar. Witnessed by  
Mrs. Wenny Kelly with USGS.

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

SIGNED

TITLE Region Operations Mgr.

DATE

3/22/79

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

RECEIVED  
MAR 26 1979  
U. S. GEOLOGICAL SURVEY  
HOBBS, NEW MEXICO  
MAR 27 1979  
U. S. GEOLOGICAL SURVEY  
HOBBS, NEW MEXICO

1932 NEW MEXICO  
COUNTY OF SAGUARO  
OFFICE OF THE CLERK

CLERK OF THE DISTRICT COURT  
COUNTY OF SAGUARO  
NEW MEXICO