

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-R1424.

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. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. <div style="text-align: center; font-weight: bold;">LC - 062391</div>	
2. NAME OF OPERATOR <div style="text-align: center;">Cities Service Company</div>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR <div style="text-align: center;">P.O. Box 1919 Midland, TX 79702</div>		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <div style="text-align: center;">990 FSL 330 FWL Sec 34-T17S-R33E Lea County, New Mexico</div>		8. FARM OR LEASE NAME <div style="text-align: center;">Wyatt A Federal</div>	
14. PERMIT NO.		9. WELL NO. <div style="text-align: center;">2</div>	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <div style="text-align: center;">4112' GR</div>		10. FIELD AND POOL, OR WILDCAT <div style="text-align: center;">Corbin Queen</div>	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <div style="text-align: center;">Sec 34-T17S-R33E</div>	
		12. COUNTY OR PARISH <div style="text-align: center;">Lea</div>	13. STATE <div style="text-align: center;">New Mexico</div>

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

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:				
<table style="width: 100%;"> <tr> <td style="width: 50%;"> TEST WATER SHUT-OFF <input type="checkbox"/> FRACTURE TREAT <input type="checkbox"/> SHOOT OR ACIDIZE <input type="checkbox"/> REPAIR WELL <input type="checkbox"/> (Other) <input type="checkbox"/> </td> <td style="width: 50%;"> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPLETE <input type="checkbox"/> ABANDON* <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> </td> </tr> </table>	TEST WATER SHUT-OFF <input type="checkbox"/> FRACTURE TREAT <input type="checkbox"/> SHOOT OR ACIDIZE <input type="checkbox"/> REPAIR WELL <input type="checkbox"/> (Other) <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPLETE <input type="checkbox"/> ABANDON* <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/>	<table style="width: 100%;"> <tr> <td style="width: 50%;"> WATER SHUT-OFF <input type="checkbox"/> FRACTURE TREATMENT <input type="checkbox"/> SHOOTING OR ACIDIZING <input type="checkbox"/> (Other) <input type="checkbox"/> </td> <td style="width: 50%;"> REPAIRING WELL <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> ABANDONMENT* <input type="checkbox"/> Witnessed casing leak <input checked="" type="checkbox"/> </td> </tr> </table> <p style="font-size: small;">(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)</p>	WATER SHUT-OFF <input type="checkbox"/> FRACTURE TREATMENT <input type="checkbox"/> SHOOTING OR ACIDIZING <input type="checkbox"/> (Other) <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> ABANDONMENT* <input type="checkbox"/> Witnessed casing leak <input checked="" type="checkbox"/>
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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.)*

survey & 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.

RECEIVED

MAR 26 1979

U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

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

SIGNED <u><i>E. J. Fuller</i></u>	TITLE <u>Region Operations Mgr.</u>	DATE <u>3/22/79</u>	
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(This space for Federal or State office use)

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

RECEIVED
APR 10 1970
OIL CONSERVATION COMM.
RUSSELL N. M.

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APR 10 1970
OIL CONSERVATION COMM.
RUSSELL N. M.