

COPY TO ☐ ☐ ☐
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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> WATER INJECTION WELL		5. LEASE DESIGNATION AND SERIAL NO. LC-062004	
2. NAME OF OPERATOR Cities Service Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P.O. Box 1919 Midland, TX 79702		7. UNIT AGREEMENT NAME SMGSAU	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1980 FNL & 660 FEL Sec. 30-T17S-R33E Lea County, New Mexico		8. FARM OR LEASE NAME Tract 3	
14. PERMIT NO.		9. WELL NO. 1W	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4071' DF		10. FIELD AND POOL, OR WILDCAT Maljamar (G-SA)	
12. COUNTY OR PARISH Lea		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 30 T17S-R33E	
13. STATE New Mexico			

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Witnessed casing leak</u> <input checked="" type="checkbox"/>	
(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.) *

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.

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

SIGNED <u><i>[Signature]</i></u>	TITLE <u>Region Operations Mgr.</u>	DATE <u>3/22/79</u>	
(This space for Federal or State office use)			
APPROVED BY _____	TITLE _____		
CONDITIONS OF APPROVAL, IF ANY:			

*See Instructions on Reverse Side

RECEIVED

MAR 26 1979

U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

RECEIVED FOR RECORD

MAR 27 1979

U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO