|   |  | 14. M. O. C                                       | A C. CON  | (onyto SF  |
|---|--|---|---|--|
| Form 9-331<br>May 1963)                 | UN .D ST   | ATES  | SUBMIT IN TRIPI FE*                             | Form approved.  Budget Bureau No. 42-R1424.                  |
| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | DEPARTMENT OF T  | HE INTERIOR                                       | verse side)                                     | 5. LEASE DESIGNATION AND SERIAL NO.                          |
| · · · · · · · · · · · · · · · · · · ·   | GEOLOGICAL   |   |   | 6. IF INDUN, ALLOTTEE OR TRIBE NAME                          |
| SUN                                     | DRY NOTICES AND  | REPORTS ON  | WELLS   |  |
| (Do not use this                        | form for proposals to drill or to<br>Use "APPLICATION FOR PERI | deepen or plug back to<br>diT—" for such proposal | a different reservoir.<br>s.)                   |  |
| OIL IV GAS                              |  |   |   | 7. UNIT AGREEMENT NAME                                       |
| WELL A WELL                             | OTHER  | ——————————————————————————————————————            | CEIVED  |  |
| NAME OF OPERATOR                        | as 0:1 Company   | <i>j</i>  |   | 8. FARM OR LEASE NAME RUSSELL C                              |
| ADDRESS OF OPERATOR                     | ce Oil Company   |   | 050 01074                                       | 9. WELL NO.  |
| P. O. Box 19                            | 19 - Midland, Tex  | as 79701 <sup>l</sup>                             | DEC 2 1974 .                                    | 7  |
| See also space 17 belo                  | eport location clearly and in acco                             | ordance with any State                            |   | 10. FIELD AND POOL, OR WILDCAT                               |
| At surface                              |  |   | O. C. C.  | Empire Yates Seven River                                     |
| Unit Letter                             | 0, 4950' FNL, 1650'  | FEL, Sec 35,                                      | Tp-175, Ring-27E.                               | 11. SBC., T., R., M., OR BLK. AND<br>SURVEY OR AREA          |
|   |  |   |   |  |
| 4. PERMIT NO.                           | 15. BLEVATIONS (Show whether DF, RT, GR, etc.)                 |   |   | 12. COUNTY OR PARISH 13. STATE                               |
|   |  |   |   | Eddy County New Mexico                                       |
| 6.                                      | Check Appropriate Box  | To Indicate Nature                                | of Notice, Report, or O                         | ther Data  |
| 2                                       | OTICE OF INTENTION TO:   | 1   | •   | ENT REPORT OF:   |
|   |  |   | [   |  |
| TEST WATER SHUT-OF                      | PULL OR ALTER CA   | <del></del>                                       | WATER SHUT-OFF FRACTURE TREATMENT               | REPAIRING WELL ALTERING CASING                               |
| SHOOT OR ACIDIZE                        | ABANDON*   |   | SHOOTING OR ACIDIZING                           | ABANDONMENT*   |
| REPAIR WELL                             | CHANGE PLANS   |   | (Other)   | Well Status X  |
| (Other)                                 |  |   | (Note: Report results of Completion or Recomple | of multiple completion on Well<br>tion Report and Log form.) |
|   | -68 - Future water   | Possition Possition                               |   |  |
|   |  |   |   |  |
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|   |  |   | ,   | !- S. GEOLOGICAL SURVEY<br>ARTESIA, NEW MEXICO               |
|   |  |   | •   | ARTESIA, NEW MEXICO  |
| 3. I hereby certify that                | the foregoing is true and correct                              |   | <del> </del>                                    |  |
| SIGNED Ston                             | ge & Dain  | TITLE Region                                      | n Petroleum Engine                              | er DATE 11-5-74  |
| (This space for Feder                   | al or State office use)  |   |   |  |
| APPROVED BY                             |  | TITLE   | MUST  | DATE   |
| CONDITIONS OF AP                        | PROVAL, IF ANY:  | HER APPROVED, WEI                                 | GGED BY   |  |
| NOW OF TO                               |  |   |   |  |
| Bulle                                   | APRIL OCTOS  | OCI I BOLL  | auama Cid-                                      |  |
| 17/schale                               |  | ee Instructions on R                              | evense olde                                     |  |