Form 9-331 (May 1963)

UNITED STATES O. C. C. SIGNAT IN TRIPLICATES DEPARTMEN OF THE INTERIOR (Other Instructions reverse side)

Form approved, Budget Bureau No. 42-R1424. 5. LEASE DESIGNATION AND SERIAL NO.

GEOLOGICAL SURVEY	LC 030132 (b)
DRY MOTICES AND DEPONTS ON WELLS	6. IF INDIAN, ALLOTTEE OR TRIBE NAM

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· · · · · · · · · · · · · · · · · ·	NOTICES AND REPORTS (ON WELLS	6. IF INDIAN, ALLOTTEE OR	TRIBE NAM
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Use "A	r proposals to drill or to deepen or plug b PPLICATION FOR PERMIT—" for such p	roposals.)	· ·	
		······································	7. UNIT AGREEMENT NAME	
OIL GAS WELL O	THER			-
NAME OF OPERATOR	HER	· · · · · · · · · · · · · · · · · · ·	8. FARM OR LEASE NAME	
NAME OF OPERATOR			S. FARM OR LEASE NAME	
Cities Service Oil	Company		Closson B	
ADDRESS OF OPERATOR			9. WELL NO.	***
P. O. Box 1919, Mi	dland. Texas 79701		6	
LOCATION OF WELL (Report lo	cation clearly and in accordance with any	State requirements.*	10. FIELD AND POOL, OR WI	LDCAT
See also space 17 below.) At surface	• • • • • • •			•
At Marrier				<u> </u>
			11. SEC., T., R., M., OR BLK. A SURVEY OR AREA	AND .
1980 feet from the	North and 660 feet from	the West	i i	
			Section 20,T22	S.R36E
PERMIT NO.	15. ELEVATIONS (Show whether DF,	RT, GR, etc.)	12. COUNTY OR PARISH 13.	
	3578' GR		Too	N M
	3376 GK		Lea	N.M.
Cha	ck Appropriate Box To Indicate N	ature of Notice Report or C	Other Data	
NOTICE O	F INTENTION TO:	SUBSEQ	UENT REPORT OF:	
TEST WATER SHUT-OFF	FULL OR ALTER CASING	WATER SHUT-OFF	REPAIRING WELL	
			_	
FRACTURE TREAT	MULTIPLE COMPLETE	FRACTURE TREATMENT	ALTERING CASING	
SHOOT OR ACIPIZE	ABANDON*	SHOOTING OR ACIDIZING	ABANDON MENT*	
REPAIR WELL	CHANGE PLANS	(Other)	Well Status	_ X
(Other)			of multiple completion on W letion Report and Log form.)	7e11
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*See Instructions on Reverse Side

U. S. GEOLOGICAL SURVEY HOBBS, NEW MEXICO

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