14. PERMIT NO.

16.

 $A \setminus K$ 

## N. M. O. C. C. LUTT

UNITED STATES T OF THE INTERIOR (Other ins DEPARTM

SUBMIT IN TRIPLICATE.

5. LEASE DESIGNATION AND SERIAL NO.

SEC. 25, TllS - R27E 12. COUNTY OR PARISH | 13. STATE

N.H.

CHAVES

GEOLOGICAL SURVEY

NM -	<b>-</b> 10593	

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.)	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
RECEIVED	7. UNIT AGREEMENT NAME
TELL GAS X OTHER	
AME OF OPERATOR JAN 1 1 1974	8. FARM OR LEASE NAME
SECAN OIL COMPANY, INCORPORATED	RUTLEDGE - FEDERAL
DDRESS OF OPERATOR	9. WELL NO.
P. D. BOX 1246, NATCHEZ, MISSISSIPPI 39120 O.C.C.	1
P. J. BOA 1240, NAICHEZ, MISSISSIFFI 39120  OCATION OF WELL (Report location clearly and in accordance with any State requirements.* DFFICE ee also space 17 below.)	10. FIELD AND POOL, OR WILDCAT
t surface	W. C PENN
330' FNL & 600' FEL	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

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

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PULL OR ALTER CASING FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL CHANGE PLANS (Other)	WATER SHUT-OFF  FRACTURE TREATMENT  SHOOTING OR ACIDIZING  (Other) Shut-in for further study  (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.) \*
  - Recovered 153 Bbls. load oil out of 596 total.
  - Shut-in 11-1-73

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

3740' GR

Will leave well shut-in for an indefinite period of time while evaluating lease block and studying immediate area.

MANAGER OF PRODUCTION DAUPHIN, (This space for Federal or State office use) HOVAL, IF ANY:

\*See Instructions on Reverse Side