

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

45F

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to deepen or plug back to a different reservoir. Use "APPLICATION FOR PERMIT" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. Fed. LC-068127	
2. NAME OF OPERATOR H. E. Prince		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P. O. Box 129, Roswell, New Mexico 88201		7. UNIT AGREEMENT NAME Federal	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 12300' XXXX XXXX XXXX XXXX XXXX Sec. 33 T 6 S R 26 E 1650' F. W. L. & 990' F.S.L.		8. FARM OR LEASE NAME Federal	
14. PERMIT NO.		9. WELL NO. 12	
15. ELEVATIONS (Show whether DF, RT, GR, etc.)		10. FIELD AND POOL, OR WILDCAT Linda San Andres	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 33 T 6 S R 26 E	
		12. COUNTY OR PARISH Chaves	
		13. STATE N. Mex.	

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"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>

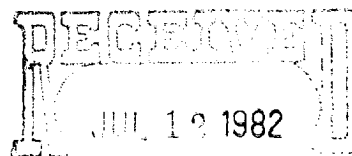
WATER SHUT-OFF	<input checked="" type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input 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.)*

Have drilled 8" hole to a depth of 800', plan to drill to 1065', set

4 1/2" casing and circulate cement to ground surface.



OIL & GAS
U.S. GEOLOGICAL SURVEY
ROSWELL, NEW MEXICO

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

SIGNED H. E. Prince TITLE operator DATE 7/1/82

(This space for Federal or State office use)

APPROVED BY DAVID R. GLASS DATE _____

CONDITIONS OF APPROVAL, IF ANY:

OCT 15 1982

U.S. GEOLOGICAL SURVEY See Instructions on Reverse Side
ROSWELL, NEW MEXICO

1. The first part of the document is a list of names and addresses of the members of the committee.

2. The second part of the document is a list of names and addresses of the members of the committee.