Form 3160-5 November 1983) Formerly 9-331)	CHITED STATE DEPARTMENT OF THE	INTERIOR verse side)	Form approved. Budget Bureau No. 1004-013 Expires August 31, 1985 LEASE DERIONATION AND SERIAL NO. LC 048491-A
SUNDRY NOTICES AND REPORTS ON WELLS (Do not use this form for proposals to drill or to deepen or ling back Existing Each reservoir. OIL WELL WELL OTHER OTHER JUL 3 0 1984 JUL 3 0 1984 JUL 3 0 1984 O. C. D. ARTESIA, OFFICE P.O. Drawer 217, Artesia, N.M. 88210 LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1650 FNL 2310 FEL Check Appropriate Box To Indicate Nature of Notice, Report, NOTICE OF INTENTION TO: TEST WATER SHUT-OFF PRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL CHANGE PLANS WATER SHUT-OFF PRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL CHANGE PLANS OLD WELLS JUL 3 0 1984 O. C. D. ARTESIA, OFFICE JUL 3 0 1984 O. C. D. ARTESIA, OFFICE JUL 3 0 1984 O. C. D. ARTESIA, OFFICE SUMMER SHUT-OFF PRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL CHANGE PLANS OCHORNOLOGY CHANGE PLANS OLD WELLS JUL 3 0 1984 JUL 3 0 1984 O. C. D. ARTESIA, OFFICE JUL 3 0 1984 O. C. D. ARTESIA, OFFICE SUMMER SHUT-OFF PRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL CHANGE PLANS OCHORNOLOGY CHANGE PLANS OLD WELLS JUL 3 0 1984 JUL 3 0 1984 JUL 3 0 1984 JUL 3 0 1984 O. C. D. ARTESIA, OFFICE JUL 3 0 1984 O. C. D. ARTESIA, OFFICE SUMMER SHUT-OFF PRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL CHANGE PLANS OCHORNOLOGY CHANGE PLANS OCHORNOLOGY OCHORNOLOGY CHANGE PLANS		6. IF INDIAN, ALLOTTEE OR TRISE NAM	
OIL G GAS [7		7. UNIT AGREEMENT NAME
2. NAMB OF OPERATOR		i i i i i i i i i i i i i i i i i i i	8. FARM OR LEASE HAME Saunders A
3. ADDRESS OF OPERATOR			9. WELL NO.
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)			10. PIBLE AND POOL, OR WILDCAT Empire Yates SR
1650 FNL 2310 FEL			11. GRC., T., R., M., OR BLE. AND SURVEY OR ARMA
14. PERMIT NO.	15. ELEVATIONS (Show	whether DF, ET, GR, etc.)	Sec. 13-T17S-R27E 13. COMPT ON PARISH 18. STATE Eddy N.M.
16.	Check Appropriate Box To I	ndicate Nature of Notice, Rep	port, or Other Data
я	OTICE OF INTENTION TO:		SUBSEQUENT ESPONS OF:
FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL	MULTIPLE COMPLETE ABANDON®	PRACTURE TREATM SHOOTING OR ACH (Other)	ange of operator For results of multiple completion on Well
18. I hereby certify that t	// ////	Production Cle	rk DATE 7/2/84
APPROVED BYCONDITIONS OF API	FRED POR REDORD HWW BOVAL, IF ANY: JUL 2 7 1984	FLE	DATE