

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TI  
(Other instruct  
verse side)

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re

Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM 0557370

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Harbold

9. WELL NO.

13

10. FIELD AND POOL, OR WILDCAT

Empire *late St*

11. SEC., T., R., M., OR B.L. AND  
SURVEY OR AREA

35 - 17S - 27E

12. COUNTY OR PARISH

Eddy

13. STATE

NM

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.)

1.

OIL ☒ WELL GAS ☐ WELL OTHER ☐

2. NAME OF OPERATOR

Owen Haynes

3. ADDRESS OF OPERATOR

805 Missouri Artesia, New Mexico 88210

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.  
See also space 17 below.)

At surface

~~990 N & 350 E~~ Sec. 35 17S 27E

2310/N 990/W

14. PERMIT NO.

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

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

☐  
☐  
☐  
☐

PULL OR ALTER CASING

☐  
☐  
☐  
☐

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON\*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

☐  
☐  
☐

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

☒  
☐  
☐  
☐

(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 perti-  
nent to this work.) \*

Treated with acid - Tested - Well would not produce. Wish to  
temporarily abandon.

RECEIVED

MAY 29 1980

O. C. D.  
ARTESIA, OFFICE

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

SIGNED

*Owen Haynes*

TITLE

Operator

DATE

5-23-80

(This space for Federal or State office use)

APPROVED BY

J. STEWART

TITLE

DATE

MAY 26 1980

CONDITIONS OF APPROVAL, IF ANY: