

**UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY**

SUBMIT IN TRIPLICATE*
(Other Instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

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.)

RECEIVED

NOV 16 1978

1. OIL WELL ☐ **GAS WELL** ☒ **OTHER** ☐

2. NAME OF OPERATOR
Cities Service Company ✓

3. ADDRESS OF OPERATOR
P.O. Box 1919 Midland, TX 79702 **O.C.C. ARTESIA, OFFICE**

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
1650' from South line, 2310' from West line of
Section 35, T-17S, R-27E, Eddy County, New Mexico

14. PERMIT NO. **15. ELEVATIONS** (Show whether DF, RT, GR, etc.)
3634' GR

5. LEASE DESIGNATION AND SERIAL NO.
LC 057798

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
* Magruder C

9. WELL NO.
15

10. FIELD AND POOL, OR WILDCAT
Undesignated *Magruder*

11. SEC., T., R., M., OR B.L. AND SURVEY OR AREA
Sec 35, T-17S, R-27E

12. COUNTY OR PARISH **13. STATE**
Eddy New Mexico

16. 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"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Drillout, reperf. & retest</u> <input checked="" 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.)*

(SEE ATTACHED)

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

SIGNED *E. J. Ladd* TITLE Region Operations Mgr. DATE 10-12-78

(This space for Federal or State office use)

APPROVED BY *Lee S. Ladd* TITLE ACTING DISTRICT ENGINEER DATE NOV 15 1978

CONDITIONS OF APPROVAL, IF ANY: