

Form 9-331
(May 1963)UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT 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.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. LC 057798
2. NAME OF OPERATOR Cities Service Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME MAY - 8 - 1980
3. ADDRESS OF OPERATOR P.O. Box 1919 Midland, TX 79702		7. UNIT AGREEMENT NAME 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		8. FARM OR LEASE NAME Magruder C
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3634' GR	9. WELL NO. 15
		10. FIELD AND POOL, OR WILDCAT Undesignated
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 35, T-17S-R-27E
		12. COUNTY OR PARISH Eddy
		13. STATE 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 checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <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.) *

SEE ATTACHMENT

RECEIVED
APR 2 1979
U.S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

RECEIVED
MAR 30 1979
U.S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

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

SIGNED

TITLE Region Operations Manager

DATE

3/28/79

(This space for Federal or State office use)

APPROVED BY (Sgt.) GEORGE H. STEWART

TITLE ACTING DISTRICT ENGINEER

DATE

MAY 07 1980

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

Posted
ID 2
5-9-80
PYA