N. M. O. C. C. COPY

copy to S. Fe.

Form 9-331
May 1963

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.)

5. LEASE DESIGNATION AND SERIAL NO.

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

9. WELL NO.

10. FIELD AND POOL, OR WILDCAT

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

12. COUNTY OR PARISH | 13. STATE

1. OIL WELL [X] GAS WELL [ ] OTHER

2. NAME OF OPERATOR

3. ADDRESS OF OPERATOR

P. O. [illegible] Artesia, New Mexico

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

2310/N 1735/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:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	PULL OR ALTER CASING	WATER SHUT-OFF	REPAIRING WELL
FRACTURE TREAT	MULTIPLE COMPLETE	FRACTURE TREATMENT	ALTERING CASING
SHOOT OR ACIDIZE	ABANDON*	SHOOTING OR ACIDIZING	ABANDONMENT*
REPAIR WELL	CHANGE PLANS	(Other) Temporarily Abandoned	
(Other)		(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.)*

P. [illegible] temporarily, [illegible]

[illegible]

RECEIVED
JAN 12 1965
O. C. C.
ARTESIA, OFFICE

RECEIVED
JAN 11 1965

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

SIGNED [illegible] TITLE [illegible] DATE 1-11-65

(This space for Federal or State office use)

APPROVED BY [illegible] TITLE [illegible] DATE [illegible]

CONDITIONS OF APPROVAL, IF ANY:

APPROVED
JAN 11
R. L. Beckner
ACTING DISTRICT ENGINEER

*See Instructions on Reverse Side