

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRIPL  
(Other instructions  
verse side)E\*  
re-Form approved.  
Budget Bureau No. 42-R1424.5. LEASE DESIGNATION AND SERIAL NO.  
**LC-645818-B**

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

**Hastie**

9. WELL NO.

**1**

10. FIELD AND POOL, OR WILDCAT

**Empire (Y-SR)**11. SEC., T., R., M., OR BLK. AND  
SURVEY OR AREA**Sec 18 T17-R28**

12. COUNTY OR PARISH

**Eddy**

13. STATE

**N. M.**

1. OIL ☒ GAS ☐  
WELL ☒ WELL ☐ OTHER

2. NAME OF OPERATOR  
**William P. Dooley**

3. ADDRESS OF OPERATOR  
**Box 37  
Loco Hills, N.M. 88255**

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.  
See also space 17 below.)  
At surface  
**1,650' from S. Line  
2,310 feet from E. Line**

14. PERMIT NO.

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

**RECEIVED****MAY 21 1974****E. C. C.  
ARTESIA, OFFICE**

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

## NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <b>Change in operator</b>	<b>XXX</b>

## SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(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.)\*

**Change in operator. Effective Feb 26, 1974.**  
**Intend to carry as temporarily abandoned.**

**RECEIVED**  
**MAY 16 1974**  
**U. S. GEOLOGICAL SURVEY**  
**ARTESIA, NEW MEXICO**

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

SIGNED

*Wm P Dooley*TITLE **operator**DATE **5/14/74**

(This space for Federal or State office use)

APPROVED BY

*John A. [Signature]*

TITLE

**DISTRICT ENGINEER**

DATE

**MAY 17 1974**

CONDITIONS OF APPROVAL, IF ANY: