

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instruction on re-
verse side)Form approved.
Budget Bureau No. 42-R1424

C-57

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. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		RECEIVED		5. LEASE DESIGNATION AND SERIAL NO. LC 050349-A	
2. NAME OF OPERATOR J D R Ltd.		JUL 11 1980		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR Box 648, Artesia, N. Mex. 88210		O. C. D. ARTESIA, OFFICE		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 990 N & 2310 W Sec. 19-17-28				8. FARM OR LEASE NAME Brooks	
				9. WELL NO. 18	
				10. FIELD AND POOL, OR WILDCAT Empire Y-SR	
				11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 19-17-28	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3625 DF		12. COUNTY OR PARISH Eddy	
				13. STATE N. Mex.	

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 checked="" type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input checked="" 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) <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.)*

Well has 7" Casing set at 570' With 35/sz. Casing deteriorated from contact with surface Caliche and had parted at approximately 15'.

Dug out pipe to good pipe(apro. 20') & cut off 7". Belled out bottom of good joint of 5 1/2 to fit tightly inside 7" & drove inside 7" untill top was at ground level. Welded top of 7" to 5 1/2 & backfilled with sand.

Put on new Well Head & ran 575' 2 3/8 EUE Tubing & Rods & put on pump.

Pumped 1 Bbl Oil & 1/4 Bbl water in 24 hrs.

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

SIGNED

TITLE

DATE

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: