Form 9-331 (May 1963)			5. LEASE DESIGNATION AND SERIAL NO. LC 050349-A		
	6. IF INDIAN, ALLOTTEE OR TRIBE NAME 7. UNIT AGREEMENT NAME				
<ul> <li>WILL X. WILL OTHER</li> <li>NAME OF OPERATOR</li> <li>J D R Ltd.</li> <li>ADDRESS OF OPERATOR</li> <li>Box 648, Artesia, N. Mex. 88210</li> <li>LOCATION OF WELL (Report location clearly and it becordance with any State requirements.)</li> <li>See also space 17 below.)</li> <li>At surface</li> <li>990 N &amp; 2310 W Sec. 19-17-28</li> <li>U.S. Exclusional State Stat</li></ul>			S. FARM OR LEASE NAME Brooks 9. WELL NO. 18 10. FIELD AND POOL, OR WILDCAT Empire Y-SR 11. SEC., T., R., M., OR BLE. AND SUBVEY OR AREA Sec 19-17-28 12. COUNTY OR PARISH 13. STATE		
	3625 DF		Eddy	N. Mex.	
i 6.	Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:				
TEST WATER SHUT FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (Other) 17. DESCRIBE PROPOSED proposed work, nett to this work.	MULTIPLE COMPLETE ABANDON* CHANGE PLANS OR COMPLETED OPERATIONS (Clearly state all pertin if well is directionally drilled, give subsurface lo	WATER SHUT-OFF FRACTURE TREATMENT SHOOTING OR ACIDIZING (Other) (Note: Report results Completion or Recompletion or Recompletions and measured and true vertices	including estimated da	casing X ent*	

,

Well has 7" Casing set at 570' With 35/sm. 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 tithtly 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. RECEIVED

JUL 1 5 1980

SF

		O. C. D. ARTESIA, OFFICE
18. I hereby certify that the foregoing is true and correct		
15. I hereby certify that the foregoing is true and correct SIGNED	DATE _	7-10-80
(This space for Federal or State office use)		
APPROVED BY CHESTER TITLE THE OF A STATE	DATE .	· · · · · · · · · · · · · · · · · · ·