

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYN. M. O. C. C. Corp.
SUBMIT IN TRIPlicate
(Other instructions
reverse side)Copy to SF
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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		RECEIVED		5. LEASE DESIGNATION AND SERIAL NO. LC 058594-A	
2. NAME OF OPERATOR JEM Resources Inc.		DEC 27 1976		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR Box 648 Artesia, N. Mex. 88210		O.C.C. 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 1650 Fr S. & 990 Fr. E. Line of Sec. 33 T 16 R 29				8. FARM OR LEASE NAME Levers	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3600 DF		9. WELL NO. 1	
				10. FIELD AND POOL, OR WILDCAT CAVE GRAYBURG	
				11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA S. 33 T. 16 R 29	
				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 checked="" 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 checked="" 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"/>	(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.)*

8 5/8 Surface set at 292 & 5 1/2 set at 2401 with 100 sacks. Open Hole from 2401 to T.D. Queen 1715, & base of salt 720.

Will set 20 sacks at 2350 & tag plug, Shoot pipe & set 35 sack stub plug If Queen is open will set 35 sacks 1765 -1665. Set 35 sacks 770-670 & 35 sacks 350-250. 10 sacks & Marker at top.

Hole will be loaded with Mud Laden Fluid & Cement will be Portland type 2.

Target date to start 8/16/76

18. I hereby certify that the foregoing is true and correct			
SIGNED <i>[Signature]</i>	TITLE Pres.	DATE 8-11-76	
(This space for Federal or State office use)			
APPROVED BY <i>[Signature]</i>	TITLE ACTING DISTRICT ENGINEER	DATE DEC 23 1976	
CONDITIONS OF APPROVAL, IF ANY:			