

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC 037777

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

SUNDRY NOTICES AND REPORTS ON **RECEIVED**

(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 ☒ GAS WELL ☐ OTHER (TA) **AUG 21 1979**

2. NAME OF OPERATOR **J E M Resources Inc.** **O. C. C. ARTESIA, OFFICE**

3. ADDRESS OF OPERATOR **Box 648 Artesia, N. Mex. 88210**

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
1980' fr. S. & 1980' fr. W. Lines of Sec 33-16-29

14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Levers

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Cave-Crbg SA

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

33-16-29

12. COUNTY OR PARISH 13. STATE

Eddy

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

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) **Casing Leak Survey**

(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.)*

Casing Leak Survey was conducted 5-8-79. No Braden Head. Casing on clamp. No leaks or pressure. Ran 2" pipe to surface.

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

SIGNED

TITLE **Pres.**

DATE **8-14-79**

(This space for Federal or State office use)

APPROVED BY

TITLE **ACTING DISTRICT ENGINEER**

DATE **AUG 20 1979**

CONDITIONS OF APPROVAL, IF ANY: