

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)Form approved.
Budget Bureau No. 42-K1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC 037777(a)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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		UNIT AGREEMENT NAME	
2. NAME OF OPERATOR JEM Resources Inc. ✓		AUG 13 1976		8. FARM OR LEASE NAME Levers	
3. ADDRESS OF OPERATOR Box 648, Artesia, N.Mex. 88210		O. G. C.		9. WELL NO. 2	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also Space 17 below.) At surface 1980' from S, and 660' from W. line of Sec. 33 T.16 S R 29 E		ARTESIA, OFFICE		10. FIELD AND POOL, OR WILDCAT Cave	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.)		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 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:

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)	<input type="checkbox"/>		<input type="checkbox"/>

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 checked="" type="checkbox"/>
(Other)	<input type="checkbox"/>		<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 352' and circulated. 5 1/2 casing set at 2200 with 100 sacks.

Set 25 sacks at 2250 and tagged plug at 2038'. Shot pipe 1250 and set 35 sacks stub plug. Set 35 sacks at 640' and 35 sacks at 360 and tagged at 330. Set 10 sacks and marker at top.

RECEIVED
AUG 14 1976
U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

SIGNED

TITLE

Pres.

DATE

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: