

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPL. COPIES
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.
5. LEASE DESIGNATION AND SERIAL NO.

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to different reservoirs. Use "APPLICATION FOR PERMIT—" for such proposals.)

RECEIVED

IC 037777(a)
6. IF INDIAN, ALLOTTEE OR TRIBE NAME

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR J E M Resources Inc.		8. FARM OR LEASE NAME Levers	
3. ADDRESS OF OPERATOR Box 648 Artesia, N. Mex. 88210		9. WELL NO. 38	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1970' fr. W. & 330' fr. S. Lines of Sec. 33-16-29		10. FIELD AND POOL, OR WILDCAT Cave-Grbg	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.)	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 33-16-29	
		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 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 type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Casing Leak Survey</u>	<input checked="" 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.)*

Casing Leak Survey was conducted 5-8-79. Conventional Braden Head. No leaks or pressure. 2" pressure valve installed at surface & backfilled hole.

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

SIGNED Albert J. [Signature] TITLE Pres. DATE 8-14-79

(This space for Federal or State office use)

APPROVED BY Albert J. [Signature] TITLE ACTING DISTRICT ENGINEER DATE AUG 20 1979

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side