

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

L. C. 057798

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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Injection		DEC 28 1980		7. UNIT AGREEMENT NAME South Red Lake Grayburg Unit	
2. NAME OF OPERATOR L. Texas Enterprises, Inc. ✓		O. C. D.		8. FARM OR LEASE NAME SRIG Unit	
3. ADDRESS OF OPERATOR P. O. Box 63, Artesia, New Mexico 88210		ARTESIA, OFFICE		9. WELL NO. 41	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 990' FSL and 1450' ^{990' FEL} FWL				10. FIELD AND POOL, OR WILDCAT Red Lake Gray.	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GK, etc.) 3632' RKB		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 35 - 17S - 27E	
				12. COUNTY OR PARISH Eddy	
				13. STATE N. M.	

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 COMPLETION <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 checked="" type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) _____	
(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.)*

Drill out gyp inside tubing and remove gyp from Premier sand. Run new packer, circulate packer fluid, set and test packer. Place well on injection.

RECEIVED

DEC 18 1980

U.S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

SIGNED <u>[Signature]</u>	TITLE <u>Consulting Petroleum Engineer</u>	DATE <u>12-17-1980</u>
(This space for Federal or State office use)		
APPROVED BY <u>[Signature]</u>	TITLE <u>ACTING DISTRICT ENGINEER</u>	DATE <u>DEC 21 1980</u>
CONDITIONS OF APPROVAL, IF ANY:		