ACTING DISTRICT ENGINEER

Mr.M. U. C. C. COPY

Form approved.

(May 1963) DEPARTMEN, OF THE INTERIOR (Other Instructions re- GEOLOGICAL SURVEY						1. LEASE DESIGNATION AND SERIAL NO. 1. IC 028755(a)		
	this form for prope	IICES AND REF	en or niug back	to a different reservoir.		N, ALLOTTEE OR	TRIBE NAME	
OH [7] GAS [7] Getion						7. UNIT AGREEMENT NAME Citgo Empire Abo Unit		
WE SHE THE COLUMN COLUM						8. FARM OR LEASE NAME		
2. NAME OF OPERATOR JAN 2 1 1975						Tract 1		
Cities Service Oil Company						9. WELL NO.		
Box 1919 - Midland, Texas 79701 O.C.C.						11		
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*						10. FIELD AND POOL, OR WILDCAT		
See also space 17 below.) At surface 990'FSL & 1880'FWL of Sec. 35-T175-R27E, Eddy Co., New Mexico						Empire Abo		
						11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA		
						Sec. 35-T17S-R27E		
14. PERMIT NO. 15. ELEVATIONS (Show whether DF,				, GR, etc.)	1 -	12. COUNTY OR PARISH 13. S		
		3626' GR			Eddy	Eddy New Mex		
16.	Check A	ppropriate Box To	Indicate Nat	ure of Notice, Report,	or Other Data			
	NOTICE OF INTE	SUE	SUBSEQUENT REPORT OF:					
TEST WATER SH FRACTURE TREAT SHOOT OR ACIDE REPAIR WELL	· _	PULL OR ALTER CASING MULTIPLE COMPLETE ABANDON* CHANGE PLANS		(Note: Report re	cementing sults of multiple	completion on W	7 • X	
T.D. 5600' and ran 15 sacks Hall Class C w/	Lime and D 0-1/2 Jts. iburton Lit 2% CaCl cem	olomite. Wait (5590.00') h-l e w/l/h# Floce ent. Plug dow	surface location ing on co /2" OD 10 ele, o.2% m @ 11:35	completion or Received and true volume and measured and true volume to make the completion unit. 0.79# casing set CFR-2 and 5# sal FM on 1-10-75. op of cement @ 20	ompletion Report ates, including esertical depths for Drilled to and cement t/sack foll Bumped fle	and Log form.) Imated date of all markers and a T.D. of ed @ 56001 Lowed by 3	starting any izones perti-	

JAN 16 1975

ARTESIA, NEW MEXICOLUL, 1975

TE 18. I hereby certify that on GINTALING and correct BY E. Y. WILDER Region Operation Manager TITLE SIGNED . (This space for Federal or State office use) APPROVED BY APPROVAL, IF ANY: DATE _ TITLE .

*See Instructions on Reverse Side