

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE  
(Other instructions on reverse side)

Form approved.  
Budget Bureau No. 42-R1424.

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 ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

J E M Resources Inc. ✓

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

660' fr. W. & 660' fr. S. Lines of Sec 33-16-29

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3601 Gr

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Levers

9. WELL NO.

5

10. FIELD AND POOL, OR WILDCAT

Cave-Grbg

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:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

(Other) ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON\* ☐

CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other) Casing Leak Survey ☒

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT\* ☐

(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. Cement Circulated. No leaks or pressure.

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: