Form 9-331 (May 1963)

UNLLED STATES SUBMIT IN TRIPLICATES DEPARTMENT OF THE INTERIOR (Other Instructions on verse side) GEOLOGICAL SURVEY

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

064222

SUNDRY	NOTICES	AND	REPORTS	ON	WELLS
Do not use this form f	or proposals to	drill or to	deepen or plug	back to	a NGCG!\/ED volr.

APR	1 6 1980		
		8. FARM OR LEASE NAME	
\sim	~ -	Postboustons	Ω

	WELL	X	GAS WELL		OTHER		 APR 1 6 198
2.	NAME	OF O	PERATOR		-		
	С.	Ε.	LaRue	and	B. N.	Muncy, Jr.	O. C. D.
3.	ADDRE	88 01	OPERATO	R			ARTESIA, OFFICE

Featherstone / WELL NO.

LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*

At surface

10. FIELD AND POOL, OR WILDCAT Square Lake

7. UNIT AGREEMENT NAME

1

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

660' FNL and 1980' FWL Section 1, T17S, R29E

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 1

14. PERMIT NO.

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

T17S, R29E 12. COUNTY OR PARISH 13. STATE

16.

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:			SUBSEQUENT REPORT OF:			
	$\overline{}$		<u></u>	1	~	
TEST WATER SHUT-OFF	_	PULL OR ALTER CASING		WATER SHUT-OFF	REPAIRING WELL	
FRACTURE TREAT		MULTIPLE COMPLETE		FRACTURE TREATMENT	ALTERING CASING	
SHOOT OR ACIDIZE		ABANDON*		SHOOTING OR ACIDIZING	ABANDON MENT*	
REPAIR WELL		CHANGE PLANS		(Other)		-[
FRACTURE TREAT MULTIPLE COMPLETE SHOOT OR ACIDIZE ABANDON* REPAIR WELL CHANGE PLANS (Other)				ts of multiple completion on We pletion Report and Log form.)	911	

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.)*

Propose to fence pit behind Tank Battery and leave open for emergency spills.

RECEIVED

MAR 2 5 1980

U.S. HEULUGICAL SURVEY ARTESIA, NEW MEXICO

18. I hereby certify that the foregoing is true and correct	et			
SIGNED Alluman	TITLE	Operator	DATE _	3/20/80
(This space for Federal or State office use)				APR IN DOT
APPROVED BY APPROVAL IF ANY:	TITLE		DATE _	