

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 011331

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

990' Fr N. & 330' Fr. E. of Sec 5-17-29

11. PERMIT NO.

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

AUG 21 1979

O. C. C.

ARTESIA, OFFICE

7. UNIT AGREEMENT NAME

CAVE POOL UNIT

8. FARM OR LEASE NAME

9. WELL NO.

10. FIELD AND POOL, OR WILDCAT

Cave-Grbg

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

5-17-29

12. COUNTY OR PARISH

13. STATE

Eddy

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 ☐

PULL OR ALTER CASING ☐

WATER SHUT-OFF ☐

REPAIRING WELL ☐

FRACTURE TREAT ☐

MULTIPLE COMPLETE ☐

FRACTURE TREATMENT ☐

ALTERING CASING ☐

SHOOT OR ACIDIZE ☐

ABANDON* ☐

SHOOTING OR ACIDIZING ☐

ABANDONMENT* ☐

REPAIR WELL ☐

CHANGE PLANS ☐

(Other) Casing Leak Survey ☒

(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. Installed 2" pressure valve at surface & backfilled hole.

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

CONDITIONS OF APPROVAL, IF ANY:

DATE

AUG 20 1979