

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE  
(Other instructions on reverse side)

Form approved.  
Budget Bureau No. 42-R1424.

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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <b>Water Injection Well (TA)</b>		<b>RECEIVED</b>		5. LEASE DESIGNATION AND SERIAL NO. <b>LC 011331</b>	
2. NAME OF OPERATOR <b>J E M Resources Inc.</b>		<b>AUG 21 1979</b>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR <b>Box 648 Artesia, N. Mex. 88210</b>		<b>O. C. C.</b>		7. UNIT AGREEMENT NAME <b>CAVE POOL UNIT</b>	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) <b>At surface</b>  <b>990' Fr. N. &amp; 1980' Fr E. Lines of Sec. 5-17-29</b>		<b>ARTESIA, OFFICE</b>		8. FARM OR LEASE NAME	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.)		9. WELL NO. <b>8</b>	
				10. FIELD AND POOL, OR WILDCAT <b>Cave-Grbg</b>	
				11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <b>5-17-29</b>	
				12. COUNTY OR PARISH <b>Eddy</b>	
				13. STATE <b>N. MEX.</b>	

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 COMPLETE <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 type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <b>Casing Leak Survey</b>	<b>X</b>
(Other) <input type="checkbox"/>		(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 *[Signature]*

TITLE **Pres.**

DATE **8-14-79**

(This space for Federal or State office use)

APPROVED BY *[Signature]*  
CONDITIONS OF APPROVAL, IF ANY:

TITLE **ACTING DISTRICT ENGINEER**

DATE **AUG 20 1979**