

UNIT STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE  
(Other Instructions on  
reverse side)

Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC 028480

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 ☒ Water Injection Well (TA)

2. NAME OF OPERATOR  
J E M Resources Inc.

AUG 21 1979

3. ADDRESS OF OPERATOR  
Box 648 Artesia, N. Mex.

O. C. C.

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.  
See also space 17 below.)  
At surface

ARTESIA, OFFICE

7. UNIT AGREEMENT NAME

CAVE POOL UNIT

8. FARM OR LEASE NAME

9. WELL NO.

51

10. FIELD AND POOL, OR WILDCAT

Cave-Grbg

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

5-17-29

14. PERMIT NO.

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

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:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐  
FRACTURE TREAT ☐  
SHOOT OR ACIDIZE ☐  
REPAIR WELL ☐  
(Other) ☐

PULL OR ALTER CASING ☐  
MULTIPLE COMPLETE ☐  
ABANDON\* ☐  
CHANGE PLANS ☐

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. No leaks or pressure. Installed 2" pressure valve & 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

DATE

AUG 20 1979

CONDITIONS OF APPROVAL, IF ANY: