

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. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Water Injection Well (TA)		5. LEASE DESIGNATION AND SERIAL NO. LC 028480	
2. NAME OF OPERATOR J E M Resources Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR B ox 648 Artesia, N. Mex. 88210		7. UNIT AGREEMENT NAME CAVE POOL UNIT	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1650' fr. N. & 330 fr. E. Lines of Sec. 7-17-29		8. FARM OR LEASE NAME	
14. PERMIT NO.		9. WELL NO. 53	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) O. C. C. ARTESIA, OFFICE		10. FIELD AND POOL, OR WILDCAT Cave-Grbg	
		11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA 7-17-29	
		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:		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) <u>Casing Leak Survey</u> <input checked="" type="checkbox"/>	
(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.

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] TITLE ACTING DISTRICT ENGINEER DATE AUG 20 1979
CONDITIONS OF APPROVAL, IF ANY: