Mam. W. G. C. COPY UN ED STATES SUBMIT IN TRIL (Other instruction OF THE INTERIOR verse side) ATE* Norm 5 -551 (M. y 1963) 5. LEASE DESIGNATION AND SERVAL.

L-C 0 28 13/(a) GEOLOGICAL SURVEY 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.) 7. UNIT AGREEMENT NAME WELL X RECEIVED OTHER 8. FARM OR LEASE NAME NAME OF OPERATOR M. Dodd "A" SUN OIL COMPANY 9. WELL NO. DEC 3. ADDRESS OF OPERATOR P. O. Box 1861, Midland, Texas LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) 10. FIELD AND POOL, OR WILDCAT **Grayburg Jackson (Q.G.** SA) At surface ARTESIA, DEFICE 11. SHC., T., R., M., OR BLK. AND SURVEY OR AREA 1980' FSL & 660' FEL, Section 15 **Sec. 15, T-17-S, R-29-**E 12. COUNTY OR PARISH 13. STATE 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 14 PERMIT NO. New Mexico Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO: REPAIRING WELL PULL OR ALTER CASING WATER SHUT-OFF TEST WATER SHUT-OFF ALTERING CASING MULTIPLE COMPLETE FRACTURE TREAT ABANU (Other) TA well status report ABANDON* SHOOT OR ACIDIZE CHANGE PLANS REPAIR WELL (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.) * Temporarily abandoned WELL STATUS: 10-10-72 TEMPORARY ABANDONMENT DATE ETC: *Uneconomical to produce REASON FOR TEMPORARY ABANDONMENT: 3. Will be utilized for secondary recovery. FUTURE PLANS FOR WELL: September, 1975 APPROXIMATE DATE FOR WORKOVER OR P&A OPERATIONS: NOV. SION SION SION SION SION SINGER TO SEC. T **REMARKS:** 18. I hereby certiff that the foregoing is true and correct PRORATION ANALYST SIGNED .

(This space for Federal or State oxice use) DATE BE PUT TO BENEFICAL USE OR PLUGGED BY

*See Instructions on Reverse Side

ACTING DISTRICT ENGINEER

J.