16.

TED STATES

Form approved. Budget Bureau No. 42-R142	_	LEASE							-
			Form Budge	app t R	TOVE	ea. 11 N	o 42	_R14	2

	IENT OF THE INTERIOR verse side) EOLOGICAL SURVEY	i with	5. LEASE DESIGNATION AND SERIAL NO. NM-028731 (A)
(Do not use this form for propose	CES AND REPORTS ON WELLS dis to drill or to deepen or plug back to a different TION FOR PERMIT—" for such proposals.)	reservoir.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
OIL GAS OTHER			7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Sunray DX Oil Company	V		8. FARM OR LEASE NAME M. Dodd "A"
P. O. Box 1416, Roswell	1, N. M.		9. WELL NO.
4. LOCATION OF WELL (Report location clessee also space 17 below.) At surface	early and in accordance with any State requirement	8.*	Gbr Jackson, Gbr, SA 11. SEC., T., E., M., OR BLE. AND
1650' FSL & 330' FEL o	of Sec 22, T-17-S, R-29-E		Sec. 22, T-17-S, R-29-E
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3578 DF		12. COUNTY OR PARISH 13. STATE Eddy New Mexico

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	<u> </u>
FRACTURE TREAT		MULTIPLE COMPLETE			FRACTURE TREATMENT ALTERING CASING	_
SHOOT OR ACIDIZE		ABANDON*			SHOOTING OR ACIDIZING ABANDONMENT*	_
REPAIR WELL		CHANGE PLANS			(Other)	<u> </u>
(Other) Convert	to	Water Inj.	X		(Nors: 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.) *
 - Pull rods and tubing.
 - Run 2 3/8" open end tubing, $5\frac{1}{2}$ csg w/Baker Model "A" pkr at 3210'.
 - Will commence immediately upon approval.

RECEIVED

MAR 3 1965

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RECEIVED FEB2 8 1966 U. S. GEOLOGIGAL SURVEY ARTESIA, NEW MEXICO

18. I hereby certify that the foregoing is true and correct	
B.F. Brawley TITLE District Engineer	
(This space for postral o) State office use)	
APPROVED BY TITLE	DATE
0000	그는 사람이 불자 충격 기술없어요.
*See Instructions on Reverse Side	
*See Instructions on Reverse Side	
Mr. austra	