| Form 9-331<br>(May 1963)  | JNITED STATESM. O  | C. C. COPT                                    | Formatorada.   |
|---|--|---|--|
| DEPARTM   | Budget Burgar No. 42-R1424.  5. LEASE DESIGNATION AND SERIAL NO.               |   |  |
|   | EOLOGICAL SURVEY   | ,   | LC-028992(j)   |
| SUNDRY NOTI   | CES AND REPORTS C  | N WELLS                                       | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME   |
|   | als to drill or to deepen or plug ba   |   | -  |
| 1.  |  |   | 7. UNIT AGREEMENT NAME   |
| WELL GAS WELL OTHER T   | Grayburg Jackson and   |   |  |
| 2. NAME OF OPERATOR  General Operating  | 8. FARM OR LEASE NAME JA, 5 A  |   |  |
| 3 ADDRESS OF OPERATOR   | 9. WELL NO.  |   |  |
| Suite 1 Fort Wo 4. LOCATION OF WELL (Report location of   | Tract 5A Well No. 1  |   |  |
| See also space 17 below.)   | early and in accordance with any S   | =   | 10. FIELD AND POOL, OR WILDCAT   |
| At surface 1980 FSL and   | 1980' FWL Section  | <b>RECEIV</b> on 26-T17S-R30E                 | EGravburg Jackson Q-G-SA  11. SNC., T., B., M., OR BLK. AND SURVEY OR AREA  SURVEY OR AREA |
|   |  | AUG 1 3 197                                   | 6 26-T17S-R30E, NMPM   |
| 14. PERMIT NO.  | 15. ELEVATIONS (Show whether DF,   |   | 12. COUNTY OB PARISH 13. STATE   |
| •   | 3602   | ' GR <b>O. C. C.</b>                          | Eddy New Mexico  |
| 16. Check Ap  | propriate Box To Indicate N  | artesia, Offication of Notice, Report, or C   | SE<br>Other Data   |
| NOTICE OF INTEN   |  |   | TENT REPORT OF:  |
| TEST WATER SHUT-OFF   | ULL OR ALTER CASING  | WATER SHUT-OFF                                | REPAIRING WELL   |
|   | ULTIPLE COMPLETE   | FRACTURE TREATMENT                            | ALTERING CARING  |
|   | BANDON*  | SHOOTING OR ACIDIZING                         | ABANDONMENT*   |
| REPAIR WELL C   | HANGE PLANS  | (Other)                                       |  |
| (Other) Re-ac   | ctivate x  | (Note: Report results<br>Completion or Recomp | of multiple completion on Well<br>letion Report and Log form.)                             |
| 17. DESCRIBE PROPOSED OR COMPLETED OPEI proposed work. If well is direction nent to this work.) * | RATIONS (Clearly state all pertinent nally drilled, give subsurface locations) | datails and give postinent dates              |  |
| This wall has   | hean temperarily   | a shandened since                             | Annil 1074 mandina   |
| more favorable eco  | nomic conditions   | for the operation                             | April, 1974 pending n of this stripper   |
| well.   | Momito Conditions  |   | n or chis scripper   |
|   | re-activate this   | well for product                              | ion and evaluation   |
| for production sti  | imulation by frac  | ture treatment.                               | zo a cvaraatron  |
| ·   | •  |   |  |
|   |  |   |  |
|   |  | SENIED  |  |
|   | REG  | CEIVED  |  |
|   |  | 1604 1976                                     |  |
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|   | 2 m A  |   |  |
| U. S. GEGLOGICAL SURVEY<br>ARTESIA, NEW MEXICO  |  |   |  |
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|   |  |   |  |
|   |  | •   |  |
|   |  |   |  |
| 18. I hereby certify that the foregoing is  | true and correct   |   |  |

| 18. I hereby certify that the foregoing is true and correct  SIGNED | TITLE | Agent | DATE August 1, 1976 |
|---|-------|-------|---------------------|
| APPROVED BE APPROVAL, IF ANY:                                       | TITLE |       | DATE                |

\*See Instructions on Reverse Side

ACTING DISTRICT FNOINFER