| Form 9-331<br>(May 1963) | DEDAD                         | UNITED STATI  | Ξς               | C. C. COPY SUBMIT IN TRIPL (Other instructions | TE•            | Form approv<br>Budget Bure            |   |
|--------------------------|-------------------------------|---|------------------|--|----------------|---------------------------------------|---|
|                          | DEPAR                         | TME OF THE  |                  | verse side)                                    | . 5. LE        | ASE DESIGNATION                       | and werial no. ∪<br>8992(i)             |
|                          |                               |   |                  | \\(\(\mathrea{\pi}\)                           | 6. IF          |                                       | E OR TRIBE NAME                         |
|                          |                               | OTICES AND REP  |                  |  |                |                                       |   |
|                          | Use "APPI                     | posals to drill or to deep<br>ICATION FOR PERMIT—                   | for such propose | als.)  | [              | ••                                    |   |
| 1. OIL GA                | s 🗀                           | Tomorousilu   | <b>^ -</b>       |  |                | IT AGREEMENT N                        |   |
| 2. NAME OF OPERAT        |                               | Temporarily   | Abandone         |  |                | rayburg                               | Jackson and                             |
|                          |                               | g Company   |                  | RECE   | •   -          | _                                     | JL, 12                                  |
| 3. ADDRESS OF OPE        | BATOR Suite                   | 1007, Ridgle  | Bank Bu          | ildingAUC 19                                   | 1976 W.        | LL NO.                                |   |
|                          | Fort W                        | North. Texas  | 76116            | ATTOTHISHOUT D                                 | 12/0           | act-12 W                              | <del>ell No</del> . 2                   |
| see also space 1         | LL (Report location 7 below.) | on clearly and in accordance  | e with any State | e requirements.*                               | 1 _            | IELD AND POOL, C                      |   |
| At surface               | 1980' FNI                     | . and 660 FW  | L Section        | n 26-Tl7S-R30                                  |                | yburg Ja                              | ckson Q-G-SA                            |
|                          |                               |   |                  | Art Luis                                       | i              | SURVEY OR AREA                        | <b>L</b>                                |
|                          |                               | •   |                  | -  | 26             | -117S-R3                              | OE, NMPM                                |
| 14. PERMIT NO.           |                               | 15. ELEVATIONS (Short   |                  | •  | 12. c          | OUNTY OR PARISI                       | 1                                       |
|                          |                               |   | 3638'            | GR   |                | Eddy                                  | New Mexico                              |
| 16.                      | Check                         | Appropriate Box To  | ndicate Natur    | re of Notice, Report.                          | or Other [     | Data                                  |   |
|                          | NOTICE OF IN                  |   | 1                | · · · · · ·                                    | BSEQUENT RE    |                                       |   |
| TEST WATER S             | HUT-OFF                       | PULL OR ALTER CASING  |                  |  |                | •                                     |   |
| FRACTURE TREA            |                               | MULTIPLE COMPLETE   |                  | WATER SHUT-OFF FRACTURE TREATMENT              |                | ALTERING (                            |   |
| SHOOT OR ACID            | IZE                           | ABANDON*  |                  | SHOOTING OR ACIDIZING                          |                | ABANDONMI                             |   |
| REPAIR WELL              |                               | CHANGE PLANS  |                  | (Other)  |                | 144-1                                 |   |
| (Other)                  |                               | Re-Activate  OPERATIONS (Clearly state ectionally drilled, give sub | X                | (Note: Report re<br>Completion or Re           | completion R   | tiple completion<br>leport and Log fo | on Well                                 |
| well.<br>Pl<br>formati   | lans are for                  | to re-activat<br>valuate for p                                      | e this wo        | ell for produ<br>remedial work                 | ction<br>to im | in the G                              | Grayburg coductivity.                   |
|                          |                               |   | RE               | CEIVED   |                |                                       |   |
|                          |                               |   | AL               | JC 0 4 1976                                    |                |                                       |   |
|                          |                               |   | U. S. GEO        | 1070   |                | 7                                     |   |
|                          |                               |   | ARTESTA          | LOGICAL SURVEY NEW MEXICO                      |                |                                       | <u>i</u>                                |
|                          |                               |   |                  | MEXICO   |                | •                                     |   |
|                          |                               |   |                  |  |                |                                       | · · · · · · · · · · · · · · · · · · ·   |
|                          |                               |   |                  |  |                |                                       |   |
|                          |                               |   |                  |  |                |                                       |   |
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|                          |                               |   |                  |  |                |                                       | * · · · · · · · · · · · · · · · · · · · |
|                          |                               |   |                  |  |                |                                       |   |
| 18. I hereby certif      | y that the foregoi            | ng is true and correct  |                  |  |                |                                       | · · · · · · · · · · · · · · · · · · ·   |
| SIGNED                   | TW. St.                       |   | ritle            | Agent  | ····           | DATE Augu                             | ust 1, 1976                             |
| (This space for          | r Federal or State            | Mnotter e office use)   |                  |  |                | · · · · · · · · · · · · · · · · · · · |   |
| APPROVED B               | of Mekoval)                   | IF ANY:   | ritle            |  | · <del></del>  | DATE                                  |   |
| <b>/</b>                 | a 4076                        |   |                  |  |                |                                       |   |
|                          | 2                             | **  | 1_ aa et -       | . D Ct J                                       |                |                                       |   |
| 4 // J                   | EEKIVING                      |   | INSTRUCTIONS OF  | n Reverse Side                                 |                |                                       |   |