ICATE.

Form approved.

•					1111	
DEDIGES !	~~	~ r	~~ ~	DITTOIAN	(Otner	instru
DEPARTMN	1	<i>1</i>) ⊱	1111	INTERMIN	waren el	(afs
DELLINE		O.	1 1 1 L	III LICIOIL	TCISC SI	uc,
			•			

(May 1999)	DEPAR	RTM_NT OF THE		(Other instructions of verse side)	on re-	5. College Best ATTON Jesse B-10920	
		OTICES AND RE				6. IF INDIAN, ALLOTTE	E OR TRUBE NAME
1. OIL GAS WELL WELL	ОТНЕ	* INJECTIO	N R	ECEIVE	D	7. UNIT AGREEMENT NO	AME
2. NAME OF OPERATOR						8. FARM OR LEASE NAM	(2)
ARWOOD, LTI). /			MAR 1 9 1976		Featherst	cone
3. ADDRESS OF OPERATO				111111111111111111111111111111111111111		9. WELL NO.	
P O Box 6	54548.	Dallas, Texa	s 75206		I	1	
4. LOCATION OF WELL (Report location	on clearly and in accorda	nce with any Stat	e requirements.		10. FIELD AND POOL, O	R WILDCAT
See also space 17 be At surface IIn	iow.) Lt G		•	ARTESIA, OFFICE	k	Gbr.Jackson.	Oueen SA
		2310 FEL			ľ	11. SEC., T., E., M., OR I	
	<u> </u>					Sec. 2 T17S, R31F	
14. PERMIT NO.		15. ELEVATIONS (Sh	ow whether DF, RT,	GR, etc.)		12. COUNTY OR PARISH	13. STATE
						Eddy	NM
16.	Check	Appropriate Box To	Indicate Natu	re of Notice, Report	, or O	ther Data	
NOTICE OF INTENTION TO:			1	s	UBSEQUE	ENT REPORT OF:	
TEST WATER SHUT-)FF	PULL OR ALTER CASING	G	WATER SHUT-OFF FRACTURE TREATMENT	1	REPAIRING C	ASING
SHOOT OR ACIDIZE		ABANDON*		SHOOTING OR ACIDIZIN	-	ABANI-ONME.	
REPAIR WELL (Other)		CHANGE PLANS	X	(Nore: Report Completion or R	results of	of multiple completion tion Report and Log for	on Well
17 Alexander o America	D. C. M.D. PER	ournitres (Clearly stat	to all partingut du	tails and give rentinent	duton	ueluding estimatat dat	a of ptarting any

SCHIEF 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.)*

This well has been suspended. Injection will commence in March, 1976 with $C-\frac{105}{}$'s being provided for water injection. 120

> RECEIVED MAR 1 8 1976 B. S. GEOLOGIGAL SHRUEY
> ARTESIA, NEW Michiga

18. I hereby certify that the foregoing is true and correct			
SIGNED TO Say	TITLE _	Agent	DATE 3/17/76
(This space for Federal or State office use)			The second secon
APPROVED BY W. a. Gressett	TITLE _	SUPERVISOR, DISTRICT C	DATE