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Form 9-331 (May 1963)	NITED STATES DEPARTMENT OF THE INT	SUBMIT IN PLICATE Of the Control of	Form approved. Budget Bureau No. 42-R1424. 5. LEASE DESIGNATION AND SERIAL NO.
GEOLOGICAL SURVEY			LC 029426 (a)
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.)			6. 15 INDIAN, ALLOTTEE OR TRIBE NAME
OIL X GAS WELL	7. UNIT AGREEMENT NAME		
2. NAME OF OPERATOR			8. FARM OR LEASE NAME
Atlantic	H.E. West "A"		
P. O. Bo	9. WELL NO.		
4. LOCATION OF WELL (R See also space 17 belo	10. FIELD AND POOL, OR WILDCAT		
At surface	Grayburg-Jackson		
1980' FNL & 1980' FEL			11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
		Sec. 3, T17S, R31E	
14. PERMIT NO.	15. ELEVATIONS (Show wheth	er DF, RT, GR, etc.)	12. COUNTY OR PARISH 13. STATE
	3972 ' GR		Eddy N.M.
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data			
NOTICE OF INTENTION TO:			UENT REPORT OF:
TEST WATER SHUT-OF	F PULL OR ALTER CASING	WATER SHUT-OFF	REPAIRING WELL
PRACTURE TREAT	MULTIPLE COMPLETE	FRACTURE TREATMENT	ALTERING CASING
SHOOT OR ACIDIZE	ABANDON*	SHOOTING OR ACIDIZING	ABANDONMENT*
REPAIR WELL	CHANGE PLANS	(	ily Abandon X
(Other) (NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)			
17. DE CRICE 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.) *			
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<b>Whic</b>	Tations and the state of the st		
This well has not responded to waterflood operations and shad a was shut in January 19, 1970. We have been testing the			
well periodically for materflood response. The well was			
shut in with rods and tubing in place. When response coccurs, we will request an allowable for the well.			
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	Ass.	- 4. 49 P. 20 P. 20	
	energy bushing of the control	WALKER !	기능에 함께 기계한 기사 문제 1월 기원 회사 상황 기원 기원 원
18. I hereby certify that			
P: 1			

TITLE Dist. Drlg. Supervisor DA

(This space for Federal or State office use)

APROVED TO APPROVAL, IF ANY:

APROVED TO BEEKMAN

R. L. BEEKMAN

ACTING DISTRICT FUCINEER

\*See Instructions on Reverse Side