2. NAME OF OPERATOR

3. ADDRESS OF OPERATOR

## T OF THE INTERIOR (Other instruct) **DEPARTM**

Form approved 5 /-Budget Bureau No. 42-R1424.

5.	LEASE DES	IGNATION	AND	SERIA	L NO.				
LC-062407 6. IF INDIAN, ALLOTTEE OR TRIBE NAME									
6.	IF INDIAN,	ALLOTTE	E OR	TRIBE	NAME				

GEOLOGICAL SURVEY										
SUNDRY	NOTICES	AND	REPORTS	ON	WFI	5				

(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.)

7. UNIT AGREEMENT NAME DRILLING WELRECEIVE EMPIRE SOUTH DEE D

UNIT GAS COM

10. FIELD AND POOL, OR WILDCAT

GRAYBURG - MOR ROW -GAS SEC., T., R., M., OR BLK. AND SURVEY OR AREA

33-*17-2*9 NMPM 12. COUNTY OR PARISH | 13. STATE

1980' FSL x 1241 'FWL Sec. 33 (Unit L, NW/4SW/4) 14. PERMIT NO.

LOCATION OF WELL (Report location clearly and in accordance with any State requirements. C. See also space 17 below.)

ARTESIA, OFF

15. ELEVATIONS (Show

16.

## Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

AMOCO PRODUCTION COMPANY

BOX 367, ANDREWS, TEXAS

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL (Other)

PULL OR ALTER CASING MULTIPLE COMPLETE

ABANDON\* CHANGE PLANS WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

REPAIRING WELL

ALTERING CASING

ABANDON MENT\*

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

SUBSEQUENT REPORT OF :

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.)\*

On 3-1-76, 998 32.3-36# H-40! K-55 ST&C Casing was set @ 2930 W/ 1800 Sx. TLW + 7 "57/ +. 26 CFR. 2 W/4# Flocelo/5x + 2005x Class C. Evenlated 80 5x. ter NOC 18 hours tested casing w 30 min. Fest. O.K.

educed hole to 834 @ 2930 and resumed arilling

18. I hereby certily that going is true and correct

TITLE ADMINISTRATIVE ASSISTANT

(This space for Federal or/State office use)

APPROVED BY CONDITIONS OF APPROVAL, IF ANY:

DATE

0+4 - USGS

D11

\*See Instructions on Reverse Side