

Form 9-331
(May 1963)UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TR. .CATE*
(Other instructions on re-
verse side)Form approved.
Budget Bureau No. 42-R1424.

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.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	5. LEASE DESIGNATION AND SERIAL NO. <u>IC-057634</u>
2. NAME OF OPERATOR <u>Holly Energy Inc.</u>	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR <u>P.O. Box 726 Artesia, New Mexico</u>	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <u>990' FSL 2310' FEL Sec 20 T-17S R-30E</u>	8. FARM OR LEASE NAME <u>McIntyre A</u>
14. PERMIT NO.	9. WELL NO. <u>10</u>
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>3613.5</u>	10. FIELD AND POOL, OR WILDCAT <u>Grayburg-Jackson</u>
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Sec 20 T-17S R-30E</u>
	12. COUNTY OR PARISH <u>Eddy</u>
	13. STATE <u>N.M.</u>

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Spud & set surface pipe</u> <input checked="" type="checkbox"/>	

(Other) _____

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

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.) *

Spud Well 8:00 a.m. 6-29-80

Drill 11" hole to 520' & set 510' 8 5/8 24# K-55 Stc casing and cement
with 215 sacks class C 2% cacl. Plug down 9:45 P.M. 6-29-80.

Circulate 20 sacks to pit

RECEIVED

JUL 8 1980

O. C. D.
ARTESIA, OFFICE

18. I hereby certify that the foregoing is true and correct

SIGNED

TITLE

Superintendent

DATE 7-1-80

(This space for Federal or State office use)

APPROVED BY: PETER W. CHESTER
CONDITIONS OF APPROVAL IF ANY:

TITLE

ACTING DISTRICT ENGINEER

DATE

JUL 7 1980