

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(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"/>		RECEIVED	5. LEASE DESIGNATION AND SERIAL NO. LC-057634
2. NAME OF OPERATOR Holly Energy Inc. ✓		JUL 17 1980	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Box 726 Artesia, New Mexico 88210		O. C. D.	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 990' FSL 2310' FEL Sec 20 T-17S R-30E		ARTESIA OFFICE	8. FARM OR LEASE NAME McIntyre A
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3613.5	9. WELL NO. 10
			10. FIELD AND POOL, OR WILDCAT Grayburg-Jackson
			11. SEC., T., R., M., OR BLS. AND SURVEY OR AREA Sec 20 T-17S R-30E
			12. COUNTY OR PARISH Eddy
			13. STATE N M

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>set production casing</u> <input checked="" type="checkbox"/>	
(Other) <input type="checkbox"/>		(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.)*

Drill 7 7/8 hole to 4701'

Set 4700' of 4 1/2 K-55 10.50# stc casing and cement with 887 sacks of Class

C 5# salt per sack, 1590 sacks Class H with 5# salt per sack.

Plug down 6:30a.m. 7-11-80

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

SIGNED Robert Loya TITLE Superintendent DATE 7-14-80

(This space for Federal or State office use)

(Orig. Sgd.) PETER W. CLUSTER

ACTING DISTRICT ENGINEER

JUL 16 1980