UNITED STATES  SUBMIT IN TRIPLICATE  On re-  On the control of the instruct on re-  On the control of the instruct on re-  On the instruction on				Form approved. Budget Bureau No. 42-R1424			
				5. LEASE DESIGNATION AND SERIAL NO.			
And the second second	GEOLOGICAL SURVEY				LC-065600		
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. IF INDIAN, ALLOTTEE OR TRIBE NAME			
(Do not use this form for prope Use "APPLIC	osals to drill or to deepen or p	lug back to a different reser	<b>E</b> OIT		<del>.</del>		
1.		RECEIVE	<u>:U-</u>	7	·		
OIL X GAS WELL OTHER			_	7. UNIT AGREEMEN	TNAME		
2. NAME OF OPERATOR		FEB 1 1 198	<del>0</del>	8. FARM OR LEASE	NAME		
Petroleum Corporation	of Texas		110.1814	Yates, Fede	<del>-</del>		
3. ADDRESS OF OPERATOR  ROY 911 Prockers de	- T	U.S. GEULUGICAL S	A 10 TO 10 T	9. WELL NO.	Tal Cottick		
Box 911, Breckenridg  Location of Well (Report location of See also space 17 below)	clearly and in accordance with	ARTESIA, NEW ME	WIOO.	1	·· · · · · · · · · · · · · · · · · · ·		
See also space 17 below.) At surface			I n n 100	10. FIELD AND POO	L, OR WILDCAT		
Unit Letter J, 231	0' FSL, 2310' FEL	OF NW/4 SE/4	I 0 9 198	11. SEC., T., R., M.,	OR BLK OND		
Section 5, T18-S, R27E, NMPM O. C. D.				5-18S-27E,	LREA		
14. PERMIT NO.	15 new (0)	A D.T.E	SIA OFFICE	F 100 271,	NEUF PI		
- 30 - 2-30-1-2	15. ELEVATIONS (Show whether	r DF, RT, GR, etc.)		12. COUNTY OR PAR	RISH 13. STATE		
16. CL I A	3494 GR			Eddy	New Mexi		
Check A	ppropriate Box To Indicate	Nature of Notice, Re	port, or Ot	ther Data			
NOTICE OF INTER	TION TO:			ENT REPORT OF:	· · · · · · · · · · · · · · · · · · ·		
TEST WATER SHUT-OFF	PULL OR ALTER CASING	WATER SHUT-OFF		REPAIRIN			
1——I	MULTIPLE COMPLETE	FRACTURE TREAT	MENT -	3 - 3	G CASING		
I	ABANDON*	SHOOTING OR ACT	DIZING	ABANDON	. <u> </u>		
(Other)	CHANGE PLANS	(Other)	ort rocults o	f multiple completion			
17 DESCRIPE PRODUCED OF COMPLETED OF	RATIONS (Clearly state all perti	Completion	or necomplet	tion Report and Log	form. <del>)</del> -		
proposed work. If well is directionent to this work.)*	onally drilled, give subsurface l	ocations and measured and	nent dates, in true vertical	ncluding estimated depths for all mark	date of starting an ters and zones pert		
1/3/80 Pump 10.5# Pump 10.5#	brine to load hol	e. Set 35 sx. C1	. ''H'' @	1600'.			
woc. rump	to tag plug. Plug 20 sx, @ 1600'. L surface plug (10 sx	oad hole w/ 10'5;	hrina	Dump 50 0	. @		
		•					
					LID		
					District		
					Post A 10-2		
					16		
18. I hereby certify that the foregoing is	true and correct						
SIGNED Man D.	Taylor TITLE	Production Clerk			17.100		
(This space for Federal or State office		OIGIR		DATE 2	/4/80		
APPROVED BY Grig. Sgd.) PETER	•	CTING DISTRICT EN	CIMEED				
CONDITIONS OF APPROVAL, IF AN	TITLE	Ting Piothiot Elv	Will Viller	DATE	AN 8 1981		
,							
	*See Instruction	ns on Reverse Side		9 5 5 5 7	1 4 4		