

SUBJECT TO THE
(OTHER DISTRICT
OFFICE APPROVAL)CATED
on FeForm approved.
Budget Bureau No. 42-115

A. LEASE DESIGNATION AND SERIAL NO.

B. IF INDIAN, ALLOTTEE OR TRIBE NAME

C. UNIT AGREEMENT NAME

D. FARM OR LEASE NAME

E. WELL NO.

F. FIELD AND POOL OR WILDCAT

G. SEC. T. R. M. OR BLM. AND
SURVEY OR AREA

H. COUNTY OR PARISH I. STATE

1. NAME OF OPERATOR

2. ADDRESS OF OPERATOR

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

4. PERMIT NO.

5. ELEVATIONS (Show whether DE, RT, GR, etc.)

6. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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.)*

Production has declined below the economical limit of recovery. Well Shut-In 10-18-71. Is remains in status pending further evaluation and possible use in secondary recovery operations.

RECEIVED

NOV 18 1971

O. C. C.
ARTESIA, OFFICE

RECEIVED

NOV 17 1971

U. S. GEOLOGICAL SURVEY
ARTESIA

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

AREA SUPERINTENDENT

SIGNED

TITLE

DATE

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

APPROVED

NOV 17 1971

H. L. BECKMAN

ACTING DISTRICT ENGINEER

*See Instructions on Reverse Side