

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPPLICATE*
(Other instructions on re-
verse side)Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM 6852

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Rhonda Operating Company

3. ADDRESS OF OPERATOR

511 North Main; Midland, Texas 79701

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

330' FNL & 330' FWL Section 12, T18S, R27E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3620

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Federal "EA"

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Empire Abo

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREANW/4, Sec 12, T18S
R27E

12. COUNTY OR PARISH

Eddy

13. STATE

NM

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

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☐
☐
☐

PULL OR ALTER CASING

☐
☐
☐
☐

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

☒

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.)*

This is notice that Jim's Water Service of Colorado with office in Artesia, New Mexico is picking up all producer water on this lease and disposing of it in an approved salt water disposal system.

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

SIGNED

TITLE

Agent

DATE March 3, 1980

(This space for Federal or State office use)

APPROVED BY (Sig) ALBERT R. STALL

TITLE ACTING DISTRICT ENGINEER

DATE MAR 06 1980

CONDITIONS OF APPROVAL, IF ANY:

This approval is limited to 60 days for testing of subject well

*See Instructions on Reverse Side