Form 9-531 (May 1955)

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N. M. O. C. C. CORY

U' ED STATES SUBMIT IN TRE (Other DEPARTMENT OF THE INTERIOR verse side)

ATE instruction

Form approved, Budget Bureau No. 42-R142

5. LEASE DESIGNATION AND SERIAL NO.

	GEOL	OGICAL	SURVEY		
SUNDRY	NOTICES	AND	REPORTS	ON	WELLS

(Do not use this form for proposals to drill or to deepen or plug backtor deepen or plug backtor of Use "APPLICATION FOR PERMIT—" for such proposals."

7. UNIT AGREEMENT NAME

NAME OF OPERATOR Tours Hudbotton Company

OTHER

8. FARM OR LEASE NAM

ADDRESS OF OPERATOR

WHILE

ARTESIA, OFFICE

FIELD AND POOL, OR WILDCAT

ARTESIA, DE LOCATION OF WILL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)
At surface

MPIRE SEC., T., R., M., OR BLK. AND SURVEY OR AREA

BBO'FML! 330' FWL Sec 15 (Unit D, NW/4 NW/4

15 - 18 - 27 NMPM

14, PERMIT NO.

12. COUNTY OB PARISH

TEST WATER SHUT-OFF

FRACTURE TREAT

REPAIR WELL

(Other)

SHOOT OR ACIDIZE

16.

SUBSEQUENT REPORT OF :

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

NOTICE OF INTENTION TO:

PULL OR ALTER CASING

MULTIPLE COMPLETE

ARANDON*

CHANGE PLANS

WATER SHUT-OFF FRACTURE TREATMENT

REPAIRING WELL "ALTERING CASING * ABANDONMENT*

SHOOTING OR ACIDIZING

(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.)*

In an effort to increase productivity, propose to perforate intervals 5041-48, 5964-72 W 255 PF and audie of 6000 gallons 24% NE. Evaluate and restole to production.

TD- 9855 . P3D-6050 . 5/2" CSA 6100

MAR 13 972 U. S. GEOLOGICAL SURVET

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

SIGNED __

TITLE AREA SUPERINTENDENT

: ١٠٠٠

(This space for Federal or State office

TITLE

F F DATE

DATE _

APPROVED BY CONDITIONS OF

0+4- USGS- ART

1 - Susp

DIV

*See Instructions on Reverse Side