Form 5-331 (May 1963)	IITED STATES DEPARTMENT OF THE INTERI GEOLOGICAL SURVEY	SUBMIT IN 1 LICATE. (Other Instructions on re- IOR verse side)	5. LEASE DESIGNATION	d. u No. 42-R1424. AND SERIAL NO.
(Do not use thi	NM 04175(b) 6. IF INDIAN, ALLOTTEE OR TRIBE NAME			
1. OIL X GAS WELL WELL	OTHER	DEC 9 1974	7. UNIT AGREEMENT NA	
2. NAME OF OPERATOR Atlant	8. FARM OR LEASE NAME Empire Abo Unit R			
 3. ADDRESS OF OPERATOR P. O. Box 1710, Hobbs, New Mexico 88240 . C. C. 4. LOCATION OF WELL (Report location clearly and in accordance with any State Applications, OFFICE See also space 17 below.) At surface 1980' FNL & 1980' FEL (Unit letter G) 			9. WELL NO. 3 10. FIELD AND POOL, OR WILDCAT Empire Abo 11. SEC., T., R., M., OR BLK. AND SUBVEY OR AREA 17-188-27E	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF 34361		12. COUNTY OB 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 FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (Other)	-OFF PULL OR ALTER CASING MULTIPLE COMPLETE ABANDON* CHANGE PLANS	WATER SHUT-OFF FRACTURE TREATMENT SHOOTING OR ACIDIZING (Other) Shut in (NOTE: Report results Completion or Recompl	of multiple completion of the second	ASING

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.) *

The above well was shut in on July 1, 1972. Well was shut in because it was uneconomical to produce. Future plans are to hold for secondary recovery and/or unit pressure observation well. Well is currently being used as a pressure observation well.



18. I hereby certify that the foregoing is true and correct SIGNED	TITLE Dist. Prod. & Drlg. Supt.	DATE October 31, 1974
(This space for Federal or State office use) APPROVED BY CONDITIONS OF AFPROVAL, IF ANY:	TITLE	DATE
ACTING DISTORCE FOR WEER +Se	e Instructions on Reverse Side	