1

TEST WATER SHUT-OFF

FRACTURE TREAT

REPAIR WELL

SHOOT OR ACIDIZE

UN ED STATES SUBMIT IN TRIP (Other Instruction, verse side)

TE.

5. LEASE DESIGNATION AND SERIAL NO.

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

GEOLOGICAL SURVEY LC-058480

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

SUNDRY NOTICES AND REPORTS (Do not use this form for proposals to drill or to deepen or pluse "APPLICATION FOR PERMIT—" for suc	ug back to a different reservoir.	6. IF INDIAN, ALLOTTI	EE OR THIBE NAME
OIL GAS WILL OTHER WIW	PECEIVE	7. UNIT AGREEMENT N	AME
WELL WELL OTHER WIW 2. NAME OF OPERATOR	- LIVE	8. FARM OR LEASE NA	15 Grb.#4 5d C
NEVMONT OIL COMPANY V DEC 3 1974		Tract 10A	
3. ADDRESS OF OPERATOR		9. WELL NO.	
P.O. Box 1305, Artesia, New Mexico 88210	<u>.</u>	5	
 LOCATION OF WELL (Report location clearly and in accordance with see also space 17 below.) At surface 	any State requirements	10. FIELD AND POOL,	OR WILDCAT
2310' FNL ε 990' FWL of Section 3		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 3-185-29E NMPM	
14. PERMIT NO. 15. ELEVATIONS (Show whethe	er DF. RT. GR. etc.)	12. COUNTY OR PARIS	NMPM HI 13. STATE
3510' GLM		Eddy	New Mexico
16. Check Appropriate Box To Indicate	e Nature of Notice, Report, or (Other Data	
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:		UENT REPORT OF:	

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) (Other) Return Well To Injection 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.) *

12-17-74 This well returned to injection at 50 BPD rate.

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

RECEIVED

OF DOT 1974

U.S. CENTARTESIA, APTESIA, APTESIA

18. I hereby certify that the foregoing is true and correct SIGNED Charles Cory	TITLE Superintendent	DATE 12/27/74
(This space for Federal or State office use) APPROVED BY CONDITIONS OF APPROVAL, IE ANY:	TITLE	DATE
250271774		

*See Instructions on Reverse Side