N. M. O. C. C. COPY

ryliSF UNI D STATES Form 9-331 Form approved. Budget Bureau No. 42-R1424. SUBMIT IN TRIPLI. (May 1963) DEPARTMENT OF THE INTERIOR (Other instructions on verse side) 5. LEASE DESIGNATION AND SERIAL NO GEOLOGICAL SURVEY LC 050664 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. 7. UNIT AGREEMENT NAME WE'L K OTHER <u>ଃ 1976</u> 8. FARM OR LEASE NAME 2. NAME OF OPERATOR Estate of T. B. Knox V Lucia Brooks 9. WELL NO. ARTESIA, OFFICE 112 N. First, Artesia, New Mexico 88210 ARTES
LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface 380/11 / 5/10 10. FIELD AND POOL, OR WILDCAT Leo (Q-Gbr.) 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SE/4 of SW/4 Sec. 14-T18S-R30E Eddy County, New Mex. 14-T18S-R30E 15, ELEVATIONS (Show whether DF, RT, GR, etc.) 12. COUNTY OR PARISH 13. STATE 14. PERMIT NO. 3483 GR Eddy N.M. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data 16. NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: WATER SHUT-OFF REPAIRING WELL PULL OR ALTER CASING TEST WATER SHUT-OFF

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.)*

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

FRACTURE TREAT

REPAIR WELL

(Other)

SHOOT OR ACIDIZE

ALTERING CASING

ABANDONMENT*

Restore to Production

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

Well has been off production for some time. Presently moving in pulling unit to pull pump and repair same.

APR THED 18. I hereby certify that the foregoing is true and correct SIGNED ___ TITLE . (This space for Federal or State 1976 APR DATE APPROVED BY TITLE CONDITIONS OF APPROVAL, IF ANY: