

N. M. Q. C. C. COPY
UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY
SUBMIT IN
(Other Instru
verse side)
PLICATE*
as on re-Copy to SF
Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC 050664

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Lucia Brooks

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Leo (O-Gbr.)

11. SEC., T., E., M., OR BLK. AND
SURVEY OR AREA

14-T18S-R30E

12. COUNTY OR PARISH 13. STATE

Eddy

NM

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR Estate of T. B. Knox

3. ADDRESS OF OPERATOR 112 N. First, Artesia, New Mexico 88210

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)
At surface SE/4 of SW/4 Sec. 14-T18S-R30E
Eddy County, New Mex.

14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3483 GR

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APR 23 1976

ARTESIA, OFFICE

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

Put back on Production

(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.) *

Pulled rods, pump, tubing; sand pumped and cleaned out well from 3295'- 3310'. Ran back pump, rods and tubing. Started well pumping at 10:30 A.M. 4/10/76. Well pumped up on 4/11/76. Testing well.

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APR 21 1976
U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

SIGNED

TITLE Division Engineer

DATE 4/20/76

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side