## Form 9-331 (May 1963)

## i 1.0.C.D. COPY

## UNITED STATES DEPARTMENT OF THE INTERIOR (Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.
5. LEASE DESIGNATION AND SERIAL NO.

GEOLOGICAL SURVEY	NIM 0100077 DECENTED
	NM 010907A RECEIVED 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.)	FEB 2 0 <b>198</b>
1.	7. UNIT AGREEMENT NAME
OIL GAS WELL OTHER	O. C. D.
2. NAME OF OPERATOR	8. FARM OR LEASE NAME ARTESIA, OFFICE
Southland Royalty Company /	Empire Federal ' Com
3. ADDRESS OF OPERATOR	9. WELL NO.
1100 Wall Towers West Midland, Texas 79701	1
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)	10. FIELD AND POOL, OR WILDCAT
At surface	Undesignated (Atoka) 11. sec., T., B., M., OR BLE. AND
1980' FSL & 1980' FWL	SURVEY OR AREA
Sec. 35, T-18-S, R-29-E	
14. PERMIT NO.   15. ELEVATIONS (Show whether DF, RT, GR, etc.)	Sec. 35, T-18-S, R-29-E   12. COUNTY OR PARISH   13. STATE
3423.5' GR	Eddy   NM
16. Check Appropriate Box To Indicate Nature of Notice, Report, o	or Other Data
·	SSEQUENT REPORT OF:
	REPAIRING WELL
TEST WATER SHUT-OFF PULL OR ALTER CASING WATER SHUT-OFF	ALTERING CASING
FRACTURE TREAT  MULTIPLE COMPLETE  FRACTURE TREATMENT  SHOOT OF ACIDIZE  ABANDON*  SHOOTING OR ACIDIZING	ABANDONMENT*
Shoot of Actions Sqz Morro	w perfs & PB to Atoka X
(Nore: Report_res	sults of multiple completion on Well completion Report and Log form.)
(Other)  17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent deproposed work. If well is directionally drilled, give subsurface locations and measured and true venent to this work.)*	
	col'. RU & perf l JS/2F c retainer. Set @ cmt. Sting out of ce. GIH w/pkr & tbg. 245'; 11,266-276', 3C acid & 172,000 D#. RU to PB to Atoka. 211-11,336' w/100 L,100'. Left 50' cmt
U.S. GEOLOGICAL SURVEY	
18. I hereby certify that the foregoing is true and correCOSWill, NLW MEXICO	
SIGNED ( Caroon TITLE District Operations En	ngineer DATE _2-6-81
(This space for Federal or State office use)	
ADDROVED DE MINITE	DATE
APPROVED BY TITLE CONDITIONS OF APPROVAL, IF ANY:	