copy 6-5 F r 15 to 1CALL. Instructions on re-Budget Buleau No. 42 R1424. SUBMIT IN TO E TIED STATES DEPARTMENT OF THE INTERIOR verse side) 5. LEASE DESIGNATION AND SERIAL NO. (May 1963) NM-0560392-A GEOLOGICAL SURVEY 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 WELL X OTHER 8. FARM OR LEASE NAME 2. NAME OF OPERATOR Kathy Eyre-Federal Roger C. Hanks 9. WELL NO. 3. ADDRESS OF OPERATOR 2100 Wilco Building, Midland, Texas 79701 LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)

At surface Opield and pool, or wildcar than lypen Undersignated 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 1980' FWL & 660' FNL 31-19S-25E 12. COUNTY OR PARISH | 13. STATE 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 14. PERMIT NO. N.M. Eddy 3568' RT Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data 16. SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO: REPAIRING WELL WATER SHUT-OFF PULL OR ALTER CASING TEST WATER SHUT-OFF ALTERING CASING FRACTURE TREATMENT MULTIPLE COMPLETE FRACTURE TREAT ABANDONMENT* SHOOTING OR ACIDIZING ABANDON* SHOOT OR ACIDIZE (Other) Setting casing (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) CHANGE PLANS REPAIR WELL 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 sones pertinent to this work.) • Depth 7826' 8-24-71 TD 7920'. Ran 250 joints $5\frac{1}{2}$ " 17# casing. Set & cemented at 8-25-71 7919' with 400 sx. Class C, 50-50 poz, 2% gel, and 5# salt per sack. Plug down at 9:45 p.m. WOC 8-26-71 Rig released. RECEIVED SEP3 1971 U. S. GEOLOGICAL SURVEY ARTESIA, NEW MEXICO

18. I hereby certify that the parcelles is true and correct	0	DATE9_2_71
SIGNED LEMELLE MAINELY	Operator Operator	DATE
(This space to receive set) OPEROVED BY CONDITIONS OF APPROVAL-IF ANY:	CITLE	DATE

*See Instructions on Reverse Side

ACTING DISTRICT ENGINEER