

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN THE
(Other instructions
reverse side)

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

NM-3620

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.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR JOE DON COOK		8. FARM OR LEASE NAME HANNIFIN FEDERAL	
3. ADDRESS OF OPERATOR P.O. BOX 159, ROSWELL NM 88201		9. WELL NO. 1	
4. LOCATION OF WELL (Report location clearly and in accordance with any State equipment s.s. See also space 17 below.) At surface UNIT LETTER "L": 330 FEET FROM THE WEST 2100 FEET FROM THE SOUTH		10. FIELD AND POOL, OR WILDCAT SHUGART	
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 19S-31E	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) GR-3617.6		12. COUNTY OR PARISH EDDY	
		13. STATE NM	

RECEIVED

MAY 15 1979

O.C.C.
ARTESIA, OFFICE

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input checked="" type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input type="checkbox"/>	

(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.) *

5-10-79

PLAN TO PERFERATE ADDITIONAL QUEENS ZONES AT 3521' 3540' 3554' 3561' 3570' WITH TWO HOLES PER FOOT. PLAN TO RETREAT ALL QUEENS PERFERATION WITH 40,000 GALLONS OF WATER AND 40,000 LBS. OF SAND. PLAN TO USE EXISTING EMERGENCY PIT FOR TREATS RECOVERY.

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

SIGNED

Marilyn Ray

TITLE

Secretary

DATE

5-10-79

(This space for Federal or State office use)

APPROVED BY

Joe D. Larr

TITLE

ACTING DISTRICT ENGINEER

DATE

MAY 14 1979

CONDITIONS OF APPROVAL, IF ANY: