

Copy 15

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER shut in well	5. LEASE DESIGNATION AND SERIAL NO. NM 001119
2. NAME OF OPERATOR Geo. D. Riggs	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR Box 116, Carlsbad, NM 88220	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface Sec 5 T21S R27E N..P.M. 2970 feet from south line 990 feet from east line	8. FARM OR LEASE NAME Welch-Federal
14. PERMIT NO.	9. WELL NO. 3
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3250 ground	10. FIELD AND POOL, OR WILDCAT Cedar Hills
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 5, 21S 27E N..P.M.
	12. COUNTY OR PARISH Eddy
	13. STATE NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	PULL OR ALTER CASING
FRACTURE TREAT	MULTIPLE COMPLETE
SHOOT OR ACIDIZE	ABANDON*
REPAIR WELL	CHANGE PLANS
(Other) return to production	X

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	REPAIRING WELL
FRACTURE TREATMENT	ALTERING CASING
SHOOTING OR ACIDIZING	ABANDONMENT*
(Other)	

(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.)

Run pumping equipment and make a production test during the week of 09-22-75

RECEIVED
SEP 23 1975
U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

SIGNED Geo. D. Riggs TITLE Operator DATE 09-21-75
(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

H. J. Barker

*See Instructions on Reverse Side