

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TWO COPIES  
(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 checked="" type="checkbox"/> OTHER <input type="checkbox"/>		7. UNIT AGREEMENT NAME <i>Indian Hills Unit</i>
2. NAME OF OPERATOR <i>Ralph Lowe</i>		8. FARM OR LEASE NAME <i>Indian Hills Unit</i>
3. ADDRESS OF OPERATOR <i>P.O. Box 832, Midland, Texas 79701</i>		9. WELL NO. <i>2</i>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <i>660' from South Line + 1750' from East Line of Sec. 20</i>		10. FIELD AND POOL, OR WILDCAT <i>Indian Basin (Upper Penn)</i>
14. PERMIT NO. <i>156-350</i>		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <i>20-21-S-24-E</i>
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <i>375' DF</i>		12. COUNTY OR PARISH <i>Eddy</i>
		13. STATE <i>New Mexico</i>

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <i>4. Test</i>	

(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.)

*Well Completed Natural, 4. Back Pressure Taken on 11/11/65 for an absolute Potential of 19,700 MCF.*

RECEIVED

DEC 1 1965

U. S. GEOLOGICAL SURVEY  
ARTESIA, NEW MEXICO

RECEIVED  
NOV 22 1965  
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ARTESIA, NEW MEXICO

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

SIGNED *[Signature]* TITLE *agent* DATE *11/19/65*

(This space for Federal or State office use)

APPROVED BY *[Signature]* TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

**APPROVED**  
NOV 30 1965  
H. L. BELMONT  
ACTING DISTRICT ENGINEER

\*See Instructions on Reverse Side