14. PERMIT NO.

KA. L. BEEKMAN ACTING DISTRICT ENGINEER

ī.

MEMICA C. C. CARY

U TED STATES SUBMIT IN TRA JATRO DEPARTMENT OF THE INTERIOR (Other Instructions on reverse side)

Form approved. Budget Bureau No. 42-R1424. 5. LEARS DESIGNATION AND MERIAL NO.

Capy OSI

NM 0560293

GEOLOGICAL SURVEY

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.)	U. 12 INDIAN, ADDOTTED OR TRIBS NAME
OIL GAS RECEIVED	7. UNIT AGREEMENT NAME
Jake L. Hamon / NOV 3 0 1973	8. FARM OR LEASE NAME Federal 4
ADDRESS OF OPERATOR	9. WELL NO.
908 Vaughn Building, Midland, Texas 79701 LOCATION OF WELL (Report location clearly and in accordance with any State requirements.) See also space 17 below.) At surface	10. FIRED AND POOL, OR WILDCAT Wildcat
1030 F3L & 1960 FEL of Section 4, 1-20-5, R-28-E.	11. SEC., T., R., M., OR BLE. AND SURVEY OF ARBA Sec. 4, T-20-S, R-28-E

12. COUNTY OR PARISH 13. STATE

New Mexico

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

3300' GR.

15. ELEVATIONS (Show whether DF, RT, QR, etc.)

NOTICE OF INTENTION TO: SUBSTQUENT REPORT OF: PULL OR ALTER CASING WATER SHUT-OFF REPAIRING WELL MULTIPLE COMPLETE FRACTURE TREATMENT ALTERING CASING SHOOTING OR ACIDIZING ABANDON MENT* (Other) Spud CHANGE PLANS (Note: Report results of multiple completion on Weil 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.) •

Spudded 1:00 P.M. on November 21, 1973. Abbott Brothers is Drilling Contractor. = ; ;

RECEIVED

1:0728933

U.S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

		and the second s
8. I hereby certify that the foregoing is true and correct SIGNED	TITLE Production Superintend	lent DATE 11-26-73
(This space for Federal or State office use)		
CONDITIONS OF APPROVAL, UF ANY:	TITLE	DATE

*See Instructions on Reverse Side