## ATTILLO.O.D. COPY

Form 9-331 (May 196...)

## U' TED STATES SUBMIT IN TRIVE (Other instruction of the INTERIOR verse side)

GEOLOGICAL SURVEY

ATE\*

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

NM 17101

		I	Torm : Budget	approv Bure	ed. au No	. <b>42</b> –R	142
1	5.	LEASE	DESIG	NATION	AND	SERIAL	NO.

	SUNDRY	<b>NOTICES</b>	AND	REPORTS	ON /	WELLS
Do not	use this form fo Use ".	or proposals (o APPLICATION	drill or to	deepen or plug MIT" for such	back to proposals	a different reservols.

		1. UNIT AGREEMENT NAME
WELL WELL X OTHER		
NAME OF OPERATOR		8. FARM OR LEASE NAME
ities Service Company 🗸		Government U Com
ADDRESS OF OPERATOR	artebia, estili	9. WELL NO.
.O. Box 1919 Midland, TX 79702		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
LOCATION OF WELL (Report location clearly and in accordance v	vith any State requirements.*	10. FIELD AND POOL, OR WILDCAT

See also space 17 below.) At surface 1980' FNL & 1980' FEL of Sec. 22, T-20S, R-28E

Undes Wolfcamp

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Eddy County, NM

Sec. 22, T-20S, R-2

14. PERMIT NO.

ADDRESS OF OPERATOR P.O. Box 1919

Cities Service Company

15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3233' GR

16.

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

NOTICE OF INTENTION TO:			SUBSEQUENT REPORT OF:		
[]		1 — ¬	<u></u>	·	-
TEST WATER SHUT-OFF	PULL OR ALTER CASING		WATER SHUT-OFF	REPAIRING WELL	-
FRACTURE TREAT	MULTIPLE COMPLETE		FRACTURE TREATMENT	ALTERING CASING	-
SHOOT OR ACTOIZE	ABANDON*		SHOOTING OR ACIDIZING	ABANDON MENT*	-
REPAIR WELL	CHANGE PLANS		(Other)		
(Other) Recomplete in	Wolfcamo	x	(Note: Report results of mul Completion or Recompletion R	tiple completion on well toport 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.) \*

SEE ATTACHMENT

OCT 4 1073

U.S. GEULUGICAL SURVEY ARTESIA, NEW MEXICO

S. I hereby certify that he foregoing is true and correct SIGNED	TITLE Region Operations Mgr	DATE 10/1/79
(This space for Federal or State office use)  APPROVED BY CONDUCTIONS OF APPROVAL HE ANY	ACTING DISTRICT ENGINEER	DATE 007 4 1979