

Form approved.  
Budget Bureau No. 42-R1421.

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5. LEASE DESIGNATION AND SERIAL NO.

## 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 ☐ GAS WELL ☒ OTHER
2. NAME OF OPERATOR  
Inexco Oil Company ✓
3. ADDRESS OF OPERATOR  
1100 Milam Bldg., Suite 1900, Houston, Texas 77002
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. •  
See also space 17 below.)  
At surface  
1650' FSL & 1850' FWL  
Section 17-21S-26E

- |                |  |                                                |  |                      |            |
|----------------|--|------------------------------------------------|--|----------------------|------------|
| 14. PERMIT NO. |  | 15. ELEVATIONS (Show whether DF, RT, GR, etc.) |  | Section 17-215-26E   |            |
|                |  | GL 3345', KB 3360'                             |  | 12. COUNTY OR PARISH | 13. STATE  |
|                |  |                                                |  | Eddy                 | New Mexico |

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

- | NOTICE OF INTENTION TO: |                                                             | SUBSEQUENT REPORT OF:                                                                                                                                                                                                                                                                          |                                                             |
|-------------------------|-------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| TEST WATER SHUT-OFF     | <input style="width: 100%; height: 100%;" type="checkbox"/> | PULL OR ALTER CASING                                                                                                                                                                                                                                                                           | <input style="width: 100%; height: 100%;" type="checkbox"/> |
| FRACTURE TREAT          | <input style="width: 100%; height: 100%;" type="checkbox"/> | MULTIPLE COMPLETE                                                                                                                                                                                                                                                                              | <input style="width: 100%; height: 100%;" type="checkbox"/> |
| SHOOT OR ACIDIZE        | <input style="width: 100%; height: 100%;" type="checkbox"/> | ABANDON*                                                                                                                                                                                                                                                                                       | <input style="width: 100%; height: 100%;" type="checkbox"/> |
| REPAIR WELL             | <input style="width: 100%; height: 100%;" type="checkbox"/> | CHANGE PLANS                                                                                                                                                                                                                                                                                   | <input style="width: 100%; height: 100%;" type="checkbox"/> |
| (Other)                 |                                                             | WATER SHUT-OFF <input style="width: 100%; height: 100%;" type="checkbox"/><br>FRACTURE TREATMENT <input style="width: 100%; height: 100%;" type="checkbox"/><br>SHOOTING OR ACIDIZING <input style="width: 100%; height: 100%;" type="checkbox"/><br>(Other) <u>Commencement of production</u> |                                                             |

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

Gas sales to Southern Union Gas Company  
commenced at 11:00 A.M. MDT, March 4, 1975

RECEIVED

MAR 19 1975

U. C. C.  
ARTESIA, OFFICE

RECEIVED

MAR 17 1975

U. S. GEOLOGICAL SURVEY  
ARTESIA, NEW MEXICO

18. I hereby certify that the foregoing is true and correct
- SIGNED *Angela E. Holton* TITLE Production Engineer DATE March 13, 1975
- (This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY: \_\_\_\_\_

**\*See Instructions on Reverse Side**