| | ing 24. | G. C. CORY | Copylist |
|--|--|--|---|
| Firsta 9-331 (May 1963) | UN D STATES DEPARTMENT OF THE INTER GEOLOGICAL SUPVEY | SUBMIT IN TRIFE E* | Form approved. Budget Bureau No. 42-R1424. D. LEASE DESIGNATION AND SHEEL FO. NM 8941 |
| | JNDRY NOTICES AND REPORTS this form for proposals to delil or to deepen or plus Use "APPLICATION FOR PERMIT—" for such | ON WELLS t back to a different reservoir. proposals.) | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME |
| 1. OIL GAS WELL WEI | L X OTHER | RECEIVE | 7. UNIT AGREEMENT NAME |
| 2. NIME OF OPERATO | | RE | 8. FARM OR LEASE NAME |
| | S Service Oil Company V | | Government Z |
| P. O. 4. LOCATION OF WELL See also space 17 At surface | Box 1919 - Midland, Texas (Report location clearly and in accordance with an below.) | 79701 GEOLOGICAL SOLVEN MEN MEN MEN MEN MEN MEN MEN MEN MEN M | 10. FIELD AND FOOL, OR WILDCAY |
| 1980' | FSL & 1980' FWL of Sec. 23-T20 , New Mexico. | S-R28E, Eddy | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA |
| 14. PERMIT NO. | 15. ELEVATIONS (Show whether | rF, RT, GR, etc.) | Sec. 23-T20S-R28E 12. COUNTY OR PARISH; 13. STATE |
| | 3238' GR | | Eddy New Nexico |
| Check Appropriate 30x To Indicate Nature of Notice, Report, or Other Data | | | |
| | NOTICE OF INTENTION TO: | SUBSEQUEN | T REPORT OF: |
| TEST WATER SHE FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (Other) | MULTIPLE COMPLETE | (0000) | ABANDONMENT* ag 5-1/21 Csg. multiple completion on Weil on Report and Log form.) |
| T.D. 11,48 11,485' ar 5-1/2" OD CFR-2 and | 33' Shale PBTD 11,440'. Waitin nd ran 26 jts. (1080.63') 5-1/2 17# N-80 Casing set and cement 5# KCI/sack cement. Plug down | g on completion unit. ["OD 20# N-80 and 258 jted @ 11,485" w/900 sacks @ 12:15 PM on 8-8-74. | Orilled to a T.D ts. (10385.971) s Class A w/ 3/4% Bumped plug w/ |
| 3000# - n€ | eld OK. WOC 7 hrs. Ran temp. | survey. Top of cement @ | " 012U". |
| | | | DECEIVED |
| | | | AUG 20 1974 O. C. C. |
| | | | D.C.C |
| | , | | |
| 15. I hereby certify t | rat the foregoing is true and correct | egion Operation Manager | DATE August 13, 1974 |
| APPROVED AT | 'ederal or State office use) TITLE | | DATE |
| equilities soi | APPROVAL, IF ANY: | | |

*See Instructions on Reverse Side