UNITED STATES O. C. CSTOOP N TRIPLICATE. DEPARTMENT OF THE INTERIOR Verse stde) Form 5-331 (May 1963) Form approved. Budger Bursau No. 32-111424. 5. LEASE DESIGNATION AND SERLE NO. NM 0554955 GEOLOGICAL SURVEY 6. IF INDIAN, ALLOTTEE OR TRIBE NAME SUNDRY NOTICES AND REPORTS ON WELLS (Do not use this form for proposals to drill or to deepen or plug bfolt in a while interestry in Use "APPLICATION FOR PERMIT—" for such proposals) 1 7 UNIT AGREEMENT NAME on 🗌 GAS WELL OTHER . 1975 1 NAME OF OPERATOR S. FARM OR LEASE NAME 2 West Airport Fed. Com. C & K Petroleum, Inc. و در د در يک 9. WELL NO. 3. ADDRESS OF OPERATOR 607 Midland National Bank Bldg., Midland, Texas 79701 1 Explanate Summer Summer Stars, Fridland, 18X85 /9/01 Socials space 17 below.) At surface 10. FIELD AND POOL, OR WILDCAT ÷. Wildeat 11. SEC., T., R., M., OR BLU. AND SURVEY OR ANDA 2250 FN and 990' FE Lines, Sec. 29, T-22-S, R-26-E Sec. 29, T-22-S, R-26-E 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 12. COUNTY ON PARISH | 13. STATE 14. PERMIT NO. 3709.9 Gr. Eddy N.M. 18. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO : SUBSEQUENT REPORT OF: TEST WATER SHUT-OFP PULL OR ALTER CASING WATER SHUT-OFF REPAIRING WELL ALTERING CASING FRACTURE TREAT MULTIPLE COMFLETE FRACTURE TREATMENT ABANDONMENT* SHOOT OR ACIDIZE ABANDON* SHOOTING OR ACIDIZING REPAIR WELL CHANGE PLANS (Other) (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) (Other) 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.) • Drilled 8" hole to 190'. Had crooked hole trouble from 93' to 190'. Abandoned hole at 190'. Filled from top to bottom with Ready Mix Concrete. Location was moved 8' West and a new hole spudded. FEB 1.2 1975 U.S. GEOLOGICAL SURVEY ARTESIA, NEW MERICO 18. I hereby certify that the foregoing is true and correct Administrative Supervisor 2 - 11 - 75DATE . SIGNED (This space for Federal or State office use) APPROVIDE BY TYPLE DATE CONDITIONS OF APPROVAL, IN ANY:

*See Instructions on Reverse Side

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