

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR Cities Service Company		8. FARM OR LEASE NAME Little Box Canyon Unit	
3. ADDRESS OF OPERATOR P.O. Box 1919 Midland, TX 79702		9. WELL NO. 1	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1650' FSL & 1980' FEL of Sec. 7, T-21S, R-22E, Eddy County, New Mexico		10. FIELD AND POOL, OR WILDCAT Federal Under Strawn	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.)	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 7, T-21S, R-22E	
		12. COUNTY OR PARISH Eddy	
		13. STATE New Mexico	

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D. C. C.
ARTESIA, OFFICE

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

= Recomplete in Strawn

(NOTE: Report results of multiple completion on Well 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.)*

SEE ATTACHMENT

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U.S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

Parted
40-2 Zone
11-13-78
Little Box Canyon
The Strawn

18. I hereby certify that the foregoing is true and correct

SIGNED

[Signature]

TITLE

Region Operations Mgr.

DATE

11/10/78

(This space for Federal or State office use)

APPROVED BY

[Signature]

TITLE

ACTING DISTRICT ENGINEER

DATE

NOV 15 1978

CONDITIONS OF APPROVAL, IF ANY: