

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE
(Other instruction 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 ☐ GAS WELL ☒ OTHER ☐ **RECEIVED**

2. NAME OF OPERATOR
Cities Service Company **JUN 18 1979**

3. ADDRESS OF OPERATOR
P.O. Box 1919 Midland, TX 79702 **O.C.C.**

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 Section 7, T-21S, R-22E
Eddy County, New Mexico **ARTESIA, OFFICE**

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
4411' DF

5. LEASE DESIGNATION AND SERIAL NO.
NM - 12241-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Little Box Canyon Unit

9. WELL NO.
1

10. FIELD AND POOL, OR WILDCAT
Undes. Cisco

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

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐ PULL OR ALTER CASING ☐ WATER SHUT-OFF ☐

FRACTURE TREAT ☐ MULTIPLE COMPLETE ☐ FRACTURE TREATMENT ☐

SHOOT OR ACIDIZE ☐ ABANDON* ☐ SHOOTING OR ACIDIZING ☐

REPAIR WELL ☐ CHANGE PLANS ☐ (Other) ☐

(Other) Test Cisco ☒ (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.

RECEIVED

JUN 11 1979

U.S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

SIGNED [Signature] TITLE Region Operations Mgr. DATE 6/7/79

(This space for Federal or State office use)

APPROVED BY (Orig. Sgd.) ALBERT R. STALL TITLE ACTING DISTRICT ENGINEER DATE JUN 28 1979

CONDITIONS OF APPROVAL, IF ANY: