

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TR. CATH.
(Other instructions on re-
verse side)

Form Approved.
Budget Bureau No. 42-R1424.
5. LEASE DESIGNATION AND SERIAL NO.

NM 0553785-A

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 back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposal.)

| | | | |
|---|--|--|--|
| 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 Government "AD" | |
| 3. ADDRESS OF OPERATOR P. O. Box 1919, Midland, Texas 79702 | | 9. WELL NO. 2 | |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 2310' FNL, 660' FWL, of Section 27, T-21-S, R-27-E, Eddy County, New Mexico | | 10. FIELD AND POOL, OR WILDCAT Benton Flat Und. La Huerta Morrow | |
| 14. PERMIT NO. | | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 27, T-21-S, R-27-E | |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3217.2' GR | | 12. COUNTY OR PARISH Eddy | |
| | | 13. STATE New Mexico | |

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

| NOTICE OF INTENTION TO: | | SUBSEQUENT REPORT OF: | |
|--|---|---|--|
| TEST WATER SHUT-OFF <input type="checkbox"/> | PULL OR ALTER CASING <input type="checkbox"/> | WATER SHUT-OFF <input type="checkbox"/> | REPAIRING WELL <input type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/> | MULTIPLE COMPLETE <input type="checkbox"/> | FRACTURE TREATMENT <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| SHOOT OR ACIDIZE <input type="checkbox"/> | ABANDON* <input type="checkbox"/> | SHOOTING OR ACIDIZING <input type="checkbox"/> | ABANDONMENT* <input type="checkbox"/> |
| REPAIR WELL <input type="checkbox"/> | CHANGE PLANS <input type="checkbox"/> | (Other) Change of Operator Name <input checked="" type="checkbox"/> | |
| (Other) <input type="checkbox"/> | | (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.)

Cities Service Oil Company will change its name to Cities Service Company, effective July 1, 1977. (Application to Drill this well filed under Cities Service Oil Company. Well, presently, is in process of completion.)

RECEIVED

JUN 30 1977

U.S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

| | | |
|--|--|---------------------------|
| SIGNED <u>[Signature]</u> | TITLE <u>Region Operations Manager</u> | DATE <u>June 29, 1977</u> |
| (This space for Federal or State office use) | | |
| APPROVED BY <u>[Signature]</u> | TITLE <u>ACTING DISTRICT ENGINEER</u> | DATE <u>JUN 30 1977</u> |
| CONDITIONS OF APPROVAL, IF ANY: | | |