

AMOCC COPY
UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPlicate
(Other instructions to
verse added)Form approved
Budget Bureau No. 43 H1421

5. LEASE DESIGNATION AND SERIAL NO.

NM-12241-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 purposes.)

RECEIVED

1. OIL WELL ☐ GAS WELL ☒ OTHER ☐		7. UNIT AGREEMENT NAME Little Box Canyon Unit	
2. NAME OF OPERATOR Cities Service Company		8. FARM OR LEASE NAME	
3. ADDRESS OF OPERATOR P.O. Box 1919, Midland, Texas 79702		9. WELL NO. 3	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660' FNL, 1980' FEL of Section 7, T-21S, R-22E, Eddy County, New Mexico		10. FIELD AND POOL, OR WILDCAT Little Box Canyon (Morrow)	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4375' GR	
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

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

set Cond. Csg. & spud well

(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.)*

T.D. 64', Dolomite.

Set one joint (28') of 20" 94#, conductor pipe at 48.8'. Cement circulated. Spudded well on September 20, 1977.

RECEIVED

SEP 28 1977

U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

SIGNED

TITLE Region Operations Manager

DATE Sept. 23, 1977

(This space for Federal or State office use)

APPROVED BY

TITLE ACTING DISTRICT ENGINEER

DATE SEP 29 1977

CONDITIONS OF APPROVAL, IF ANY: