

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE
(Other Instructions on reverse side)

Budget Bureau No. 42 R1421

5. LEASE DESIGNATION AND SERIAL NO.

NM 9531-B

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 proposals.)

RECEIVED

AUG 27 1979

D. C. C.
ARTESIA OFFICE

1. OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR

Inexco Oil Company

3. ADDRESS OF OPERATOR

1100 Milam Bldg., Suite 1900, Houston, TX 77002

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface

810' FEL & 2080' FSL
Unit Letter I

14. PERMIT NO.

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

4203.5 GR

10. FIELD AND POOL, OR WILDCAT

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

12. COUNTY OR PARISH 13. STATE

Sec. 23, T-21S-R-22E

Eddy N. 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*

Add perforations

(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.)*

Unable to get down tubing to perforate. Please cancel to perforate.

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

SIGNED

A. K. Giddens

TITLE

Chief Clerk

DATE

8/21/79

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

3 - USGS-Artesia, N.M.

1 - State of N.M. Artesia-Info. only

1 - T. Sheets

1 - G. DeBord

1 - File

*See Instructions on Reverse Side