

**UNITED STATES DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY**

N.M.O.C.D. COPY

SUBMIT IN TRIPLICATE*
(Other instruction reverse side)

Form approved.
Budget Bureau No. 42 R1424.

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.)

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

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Majores Federal

9. WELL NO.
2-Y

10. FIELD AND POOL, OR WILDCAT

West Indian Basin

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

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

12. COUNTY OR PARISH 13. STATE

Eddy N. Mexico

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input type="checkbox"/>	<u>Add perforations</u> <input checked="" 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.) *

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

RECEIVED

AUG 28 1979

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**U.S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO**

RECEIVED

AUG 29 1979

**O. C. C.
ARTESIA, OFFICE**

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

SIGNED

A. K. Gedeons

TITLE Chief Clerk

DATE 8/21/79

(This space for Federal or State office use)

APPROVED BY

George H. Stewart

TITLE

ENGINEER

DATE

AUG 28 1979

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