

N.M.O.C.D. COPY
UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY
SUBMIT IN TRIPL
(Other instructions
verse side)FE-
re-Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM 9800 RECEIVED

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

FEB 4 1980

7. UNIT AGREEMENT NAME

O. C. D.

8. FARMACUT LEASE OFFICE

Government S

9. WELL NO.

2

10. FIELD AND POOL, OR WILDCAT

Undes. ^{Winchester} Morrow11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec 3-20S-28E

12. COUNTY OR PARISH 13. STATE

Eddy

NM

1. OIL ☐ WELL GAS ☒ WELL OTHER

2. NAME OF OPERATOR

Cities Service Company

3. ADDRESS OF OPERATOR

P.O. Box 1919 Midland, TX 79702

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface660' FSL, 1980' FEL of Sec 3-20S-28E
Eddy County, NM

14. PERMIT NO.

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

3271.0' GR

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*

(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 perti-
nent to this work.)*

SEE ATTACHMENT

RECEIVED

FEB 1 1980

U.S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

SIGNED

TITLE Reg. Oper. Mgr.

DATE 1/29/80

(This space for Federal or State office use)

APPROVED BY (Sgt.) GEORGE H. STEWART

TITLE ACTING DISTRICT ENGINEER

CONDITIONS OF APPROVAL, IF ANY:

DATE FEB 01 1980

*See Instructions on Reverse Side