

UNITED STATES DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

N.M.O.C.D. COPY

SUBMIT IN TRIPlicate*
(Other instruction on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

SUNDRY NOTICES AND REPORTS OF WELL LOCATIONS

(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
Jake L. Hamon

3. ADDRESS OF OPERATOR
P.O. Box 663 Dallas, Texas 75221

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
1930' FSL & 690' FEL (NE SE)

14. PERMIT NO. _____

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3280' GR

5. LEASE DESIGNATION AND SERIAL NO.
NM - 34457

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
N/A

7. UNIT AGREEMENT NAME
N/A

8. FARM OR LEASE NAME
Federal

9. WELL NO.
1-33

10. FIELD AND POOL, OR WILDCAT
Wildcat

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 33 T20S R26E

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:		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 COMPLETION <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SIDING OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SIDING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <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.)*

Enclosed is a new location and elevation plat for the above-captioned well location. The location was moved in order to make it orthodox according to State spacing rules.

The location was moved from 1930' FSL & 690' FEL to 1980' FSL & 690' FEL.

Also enclosed is a revised description of directions to the well location.

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

SIGNED George Lapasotes TITLE Agent Consultant DATE 6-2-80

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: _____

*See Instructions on Reverse Side