'NITED STATES SUBMIT IN T NT OF THE INTERIOR (Other Instru DFPART

LICATE Form approved.

Budget Bureau No. 42-R1424.

LEASE DESIGNATION AND BERIAL NO.

DATE

| GEOLOGICAL SURVEY | | | NM 0538512 |
|--|--|--|--|
| SUNDRY NOTICES (Do not use this form for proposals to Use "APPLICATION") | | | G. IF INDIAN, ALLOTTEE OR TRIBE NAME |
| i. | *** | the state of the s | 7. UNIT AGREEMENT NAME |
| WELL GAS WELL OTHER | Dry Hole | | |
| 2. NAME OF OPERATOR | /N | | 8. FAUM OR LEASE NAME |
| Inexco Oil Company | | | White City Fed. |
| 3. ADDRESS OF OPERATOR | D 0010 I | Acceptance of the second secon | 9. WELL NO. |
| c/o Hobbs Pipe & Supply, Box 2010, Hobbs, N. M. | | | 10. FIELD AND POOL, OR WILDCAT |
| See also space 17 below.) At surface | | | Wildcat |
| | | | 11. SEC., T., R., M., OR BLK. AND |
| NE/4 - NE/4 | | | SURVEY OR AREA |
| | | | 23-25S-2 6E |
| | ELEVATIONS (Show whether D | r, RT, GR, etc.) | 12. COUNTY OR PARISH 13. STATE |
| 30-015-20346 | UK | | Eddy N. M. |
| 16. Check Approp | oriate Box To Indicate 1 | Nature of Notice, Report, or | r Other Data |
| NOTICE OF INTENTION | TO: | SUBS | EQUINT REPORT OF: |
| TEST WATER SHUT-OFF | OR ALTER CASING | WATER SHUT-OFF | REPAIRING WELL |
| FRACTURE TREAT MULTI | PLE COMPLETE | FRACTURE TREATMENT | ALTERING CASING |
| SHOOT OR ACIDIZE ABAND | ON* | SHOOTING OR ACIDIZING | ABANDONMENT* X |
| REPAIR WELL CHANG | E PLANS | (Other) | alts of multiple completion on Well |
| (Other) | | Completion or Reco | mpletion Report and Log form.) |
| | NS (Clearly state all pertine drilled, give subsurface local | nt details, and give pertinent da stions and measured and true ver | tes, including estimated date of starting any tical depths for all markers and zones perti- |
| nent to this work.) * | | | |
| | | | |
| | , | | |
| 1. Spotted a 100 sx | | | stub at 5100'. |
| 2. Spotted a 50 sx cement plug at 3500'. 3. Spotted a 40 sx cement plug at 1-3/4 casing shoe at 1800'. | | | |
| 4. Spotted a 10 sx | | | |
| 5. Hole was loaded | | | |
| 3 | | | 162 |
| | | | ر عمر المعالمة |
| | | | Det . |
| | | | |
| | | | 1,1 |
| | | | FEB.23 1972 |
| | | | CETTLE |
| | | | FER |
| | | | 3/972 |
| | | | |
| | | | |
| | / | | * Allow |
| 18. I hereby certify that the foregoing is true | and correct | | |
| | | Agent | DATE 2/16/72 |
| SIGNED / MIN | 7. TITLE | | DATE |
| (This space for Federal or State-office use | e) | | |

*See Instructions on Reverse Side

TITLE _

APPROVED BY APPROVAL, IF ANY: