

**N. M. O. C. C. COPY**  
UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

Form approved.  
Budget Bureau No. 42-R1424

5. LEASE DESIGNATION AND SERIAL NO.

**LC-068127**

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

**Federal**

9. WELL NO.

**6**

10. FIELD AND POOL, OR WILDCAT

**Linda San Andres**

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

**S. 33, T6S, R 26 E**

12. COUNTY OR PARISH

**Chaves**

13. STATE

**N. Mex.**

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

**H. E. Prince**

3. ADDRESS OF OPERATOR

**606 N. Atkinson, Roswell, New Mexico, 88201**

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

At surface

**Unit Letter O - 330' From S. Line  
1650' From E. Line**

14. PERMIT NO.

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

**3624GR**

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 pertinent to this work.)\*

**Ran Upset tubing and sucker rod with metal pump.  
Put well on production.**

**RECEIVED**

**DEC 4 1974**

**D. C. C.  
ARTESIA, OFFICE**

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

SIGNED **H. E. Prince**

TITLE **Owner**

DATE **10/26/74**

(This space for Federal or State office use)

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

**APPROVED**

**DEC 3 - 1974**

**H. L. BEEKMAN  
ACTING DISTRICT ENGINEER**

\*See Instructions on Reverse Side