

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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(Other instruct
verse side)

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in re

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC-045818A

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
SIMMS & REESE OIL COMPANY

3. ADDRESS OF OPERATOR
200 Booker Building

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

NE 1/4 SW 1/4 Sec. 18-T17S-R28E Unit K

1650/8 2310/W

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Hastie

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Empire

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

Sec. 18-T17S-R28E

14. PERMIT NO.

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

12. COUNTY OR PARISH

13. STATE

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) SI <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.)*

Shut in for possible water flood. (January, 1965)

RECEIVED

JAN 18 1965

D. C. C.
ARTEBIA, OFFICE

RECEIVED
JAN 15 1965
U.S. GEOLOGICAL SURVEY
ARTEBIA, MISSISSIPPI

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

SIGNED *[Signature]*

TITLE **Partner**

DATE **Jan. , 1**

(This space for Federal or State office use)

APPROVED
CONDITIONS OF APPROVAL IF ANY:

TITLE _____ DATE _____

APPROVED
JAN 15 1965
[Signature]
R. L. BEEKMAN
ACTING DISTRICT ENGINEER

*See Instructions on Reverse Side