Carry WSF

боги: 5-331 Маў 1963)	DEPARTIVENT OF THE INTERIOR (Other instruction of the interior verse side)	Budget Bureau No. 42-R1424 5. LEASE DESIGNATION AND SERIAL NO.
	GEOLOGICAL SURVEY	NM 04175(b)
(Do not use	UNDRY NOTICES AND REPORTS ON WELLS this form for proposals to drill or to deepen or plug back to a different reservoir. Use "APPLICATION FOR PERMIT—" for such proposals.)	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
OIL K GAS	S OTHER	7. UNIT AGREEMENT NAME
2. NAME OF OPERATE	RECEIVED	8. FARM OR LEASE NAME Empire Abo Unit R
P. O Location of weil See also space 1'	Box 1710, Hobbs, New Mexico 8824DFC 5.1574	9. WELL NO. 4 10. FIELD AND FOOL, OR WILDCAT
At surface	'FNL & 330' FEL (Unit letter H) 7. C. C.	Empire Abo 11. sec., T., E., M., OR ELK. AND SURVEY OR AREA 17-18S-27E
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.)	12. COUNTY OR PARISH 13. STATE
	3457¹DF	Eddy N.M.
16.	Check Appropriate Box To Indicate Nature of Notice, Report,	or Other Data

Check Appropriate box to maleure trained of tempory of							
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:					
TEST WATER SHUT-OFF		PULL OR ALTER CASING		WATER SHUT-OFF REPAIRING WELL			
FRACTURE THEAT		MULTIPLE COMPLETE		FRACTURE TREATMENT ALTERING CASING			
SHOOT OR ACIDIZE		ABANDON*		SHOOTING OR ACIDIZING ABANDONMENT*			
REPAIR WELL		CHANGE PLANS		(Other) Shut in Allowable Transferred	ĸ		
(Other)	L			(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)			
<u> </u>				training optimated data of star	time		

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.)*

The above well was shut in on October 1, 1973. This is a high GOR well. Allowable transferred under NMOCC orders R-4548, R-4549, R-4549-A, R-4549-B. Also holding for secondary recovery.



18. I hereby certify that the foregoing is true an	d correct TITLE Dist. Prod. & Drlg. Supt.	DATE October 31, 1974	
(This space for Federal or State office use)	TITLE MUST	DATE	
AD DUNATIONS OF APPROVIL, IF ANT: DEC 5	OCT*See Instructions on Reverse Side		