

COPY TO O. C. C.

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE  
(Other instructions on reverse side)

Form approved.  
Budget Bureau No. 42-R1424.

## 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.)

<p>1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <span style="margin-left: 20px;">WATER INJECTION WELL</span></p> <p>2. NAME OF OPERATOR <span style="margin-left: 20px;">Cities Service Company</span></p> <p>3. ADDRESS OF OPERATOR <span style="margin-left: 20px;">P.O. Box 1919 Midland, TX 79702</span></p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface  <span style="margin-left: 20px;">1980 FSL &amp; 1980 FEL Sec. 30-T17S-R33E Lea County, New Mexico</span></p> <p>14. PERMIT NO.</p>	<p>5. LEASE DESIGNATION AND SERIAL NO. <span style="margin-left: 20px;">LC-060967</span></p> <p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME</p> <p>7. UNIT AGREEMENT NAME <span style="margin-left: 20px;">SMGSAU</span></p> <p>8. FARM OR LEASE NAME <span style="margin-left: 20px;">Tract 1</span></p> <p>9. WELL NO. <span style="margin-left: 20px;">1W</span></p> <p>10. FIELD AND POOL, OR WILDCAT <span style="margin-left: 20px;">Maljamar (G-SA)</span></p> <p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <span style="margin-left: 20px;">Sec 30-T17S-R33E</span></p> <p>12. COUNTY OR PARISH <span style="margin-left: 20px;">Lea</span> 13. STATE <span style="margin-left: 20px;">New Mexico</span></p>
<p>15. ELEVATIONS (Show whether DF, RT, GR, etc.) <span style="margin-left: 20px;">4057' DF</span></p>	

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
<p>TEST WATER SHUT-OFF <input type="checkbox"/></p> <p>FRACTURE TREAT <input type="checkbox"/></p> <p>SHOOT OR ACIDIZE <input type="checkbox"/></p> <p>REPAIR WELL <input type="checkbox"/></p> <p>(Other) <input type="checkbox"/></p>	<p>WATER SHUT-OFF <input type="checkbox"/></p> <p>FRACTURE TREATMENT <input type="checkbox"/></p> <p>SHOOTING OR ACIDIZING <input type="checkbox"/></p> <p>(Other) <input type="checkbox"/></p>
<p>PULL OR ALTER CASING <input type="checkbox"/></p> <p>MULTIPLE COMPLETE <input type="checkbox"/></p> <p>ABANDON* <input type="checkbox"/></p> <p>CHANGE PLANS <input type="checkbox"/></p>	<p>REPAIRING WELL <input type="checkbox"/></p> <p>ALTERING CASING <input type="checkbox"/></p> <p>ABANDONMENT* <input type="checkbox"/></p> <p>Witnessed casing leak <input checked="" type="checkbox"/></p>

(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.)\*

survey & identification of above ground connections from casingheads

Dug out cellar. Installed riser to surface from one valve on each casinghead. Installed a second valve on each riser above ground and properly identified each. Backfilled cellar. Witnessed by Mrs. Wenny Kelly with USGS.

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

SIGNED

TITLE

Region Operations Mgr.

DATE

3/22/79

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED  
MAR 26 1979  
U. S. GEOLOGICAL SURVEY  
HOBBS, NEW MEXICO

ACCEPTED FOR RECORD

MAR 27 1979

U. S. GEOLOGICAL SURVEY  
HOBBS, NEW MEXICO