

COPY TO O. C. C.
UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLIC
(Other instructions o
verse 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.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> WATER INJECTION WELL		5. LEASE DESIGNATION AND SERIAL NO. LC-062004	
2. NAME OF OPERATOR Cities Service Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME (blank)	
3. ADDRESS OF OPERATOR P.O. Box 1919 Midland, TX 79702		7. UNIT AGREEMENT NAME SMGSAU	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 500 FNL & 1980 FEL Sec 30-T17S-R33E Lea County, New Mexico		8. FARM OR LEASE NAME Tract 2	
		9. WELL NO. 5W	
		10. FIELD AND POOL, OR WILDCAT Maljamar (G-SA)	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 30 T17S-R33E	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4070' GR	12. COUNTY OR PARISH Lea
		13. STATE New Mexico	

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	<input type="checkbox"/>	WATER SHUT-OFF	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	FRACTURE TREATMENT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	SHOOTING OR ACIDIZING	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	(Other) <u>Witnessed casing leak</u>	<input checked="" type="checkbox"/>
(Other)	<input type="checkbox"/>	(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	
PULL OR ALTER CASING	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
CHANGE PLANS	<input type="checkbox"/>		

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.

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

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

SIGNED E. J. Judd TITLE Region Operations Mgr. DATE 3/22/79

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

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MAR 27 1979
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