Firm 9-331 (May 1963)	DEPAR	Form approved, Budget Bureau No. 42 R1424. 5. LEASE DESIGNATION AND SERIAL NO. NM-2843			
(Do not us	SUNDRY Ne this form for po	OTICES AND R	eepen or plug lack	to a different reserved	6. IF INDIAN, ALLOTTEE OR TRIBE NAM
OIL G WELL G W	AS OTHE			CEINED)	N/A 7. UNIT AGREEMENT NAME N/A 8. FARM OR LEASE NAME
Inexco O	il Company			JEC 17 1913	
1100 Mil. 4. Location of W. See also space At surface	am Bldg., S ELL (Report locat 17 below.)	Suite 1900 Horion clearly and in accor	iston, Texas dance with any Stat V•	TO 17 1913 TO DESCRIPTION MEXICO STORT MENTEN MEXICO	10. FIELD AND FOOL, OR WILDCAT Buffile Fenns N. West Tonto Penn 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
1980' FN	L and 660'	FEL E4NE4 "H	11		Sec. 7-T19S-R33E
14. PERMIT NO.			Show whether DF, RT,		12. COUNTY OR PARISH 13. STATE
		3665	GR		Lea New Mexi
16.	Check	Appropriate Box	To Indicate Natu	ire of Notice, Report, c	or Other Data
	NOTICE OF	INTENTION TO:		SUB	SEQUENT REPORT OF:
TEST WATER	SHUT-OFF	PULL OR ALTER CAS	ING	WATER SHUT-OFF	REPAIRING WELL
FRACTURE TRE		MULTIPLE COMPLET	Е	FRACTURE TREATMENT	ALTERING CASING
SHOOT OR ACI	DIZE	ABANDON*		shooting or acidizing (Other) Reperfo	ABANDONMENT*
REPAIR WELL		CHANGE PLANS perfs & reperf		(Norm: Report res	sults of multiple completion on Well completion Report and Log form.)
nent to this	RU Schlu	mberger unit & alve completin	grease inje	ector SITP 2700 p	psi. Unable to open lear valve. SI well
1/28/78 :	RU hot o body. R @13310 S	U Schlumberger	am-heated ma	aster valve to di og. bridge plug v	issolve hydrates in w/btm. @13317; top
1/29/78:		umberger made 3 oed 5' cmt. on		p bailer. Unable plug. Shut well	e to dump cemt. On 4th in for night.
1/30/78:	: Dumped a	additional 5' o	mt. on top	plug. PBTD 13300	0'. RD Schlumberger.
2/8/78:	w/l-11/l	berger unit & 6" Hyderdomell ell on producti	. No press	ctor. Per'd 132 . increase after	35-13259' w/2 spf. perf. RD Schlumberger,
18. I hereby cert SIGNED K	\sim \sim	oing is true and correc		uction Clerk	DATE 12/12/79
	for Federal or St				
			mun e		DATE
APPROVED	BE OF APPROVAL	F ANY:	TITLE		
U. S. Colored HOSSE	ALCONO.	*	See Instructions o	on Reverse Side	e sergen (C