STATES DEPARTMENT OF THE INTERIOR (Other instructions on verse side)

SUBMIT IN TRIPLIC.

GEOLOGICAL SURVEY

5. LEASE DESIGNATION AND SERIAL NO.

LC 064790

Form approved. Budget Bureau No. 42-R1424.

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

12. COUNTY OR PARISH | 13. STATE

NM

SUNDRY NOTICES A	ND REPORTS	ON WELLS
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Use "APPLICATION FOR PERMIT" for suc	ug back to a different reservoir. ch proposais.)
OIL GAS OTHER	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR	8. FARM OR LEASE NAME
J H C Production Company	Federal 18
3. ADDRESS OF OPERATOR	9. WELL NO.
Box 798, Artesia, NM 88210	3
 LOCATION OF WELL (Report location clearly and in accordance with See also space 17 below.) At surface 	any State requirements. • 10. FIELD AND POOL, OR WILDCAT TUNTO YATES
SW 🛊 NE4 Sec. 18, T 195, R 33E	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
	18 - 19 - 33
14. PERMIT NO. 15. ELEVATIONS (Show whethe	r DF, RT, GR, etc.) 12. COUNTY OR PARISH 13. STATE

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:			
TEST WATER SHUT-OFF	PULL OR ALTER CASING		WATER SHUT-OFF	REPAIRING WELL	
FRACTURE TREAT	MULTIPLE COMPLETE		FRACTURE TREATMENT	ALTERING CARING	
SHOOT OR ACIDIZE	ABANDON*		SHOOTING OR ACIDIZING	ABANDONMENT* X	
REPAIR WELL	CHANGE PLANS		(Other)		_
(Other)			(Note: Report results of mu Completion or Recompletion	iltiple completion on Well 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.) *

On November 4, 1974, well was plugged as follows:

1412 ft. of $5\frac{1}{7}$ " casing pulled

3 sacks cement from 3110 - 3085

35 sacks cement from 1457 - 1357

35 sacks cement from 307 - 207

10 sacks cement at surface

September 15, 1975

Location ripped Cellar filled Location cleaned

o, i nerei	by certify that the foregoing is true and correct		
SIGNE	Jim Collee	TITLE Agent	DATE November 3, 1975
(This	space for Federal or State office use)		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	OVED BY ITIONS OF APPROVAL, IF ANY:	TITLE	DATE