Form 9-331
(May 1963)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE* (Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.
[illegible]

USGS OFFICE O.C.C.
DEC 22 11 42 AM '69

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 ☐ GAS WELL ☐ OTHER WIW

7. UNIT AGREEMENT NAME
[illegible] UNIT

2. NAME OF OPERATOR
[illegible] OIL COMPANY

8. FARM OR LEASE NAME

3. ADDRESS OF OPERATOR
P. O. BOX 1395, ARTESIA, NEW MEXICO [illegible]

9. WELL NO.
4

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)
At surface
990' [illegible] & 1650' FEL Sec. 17; T-18-S; R-32-E

10. FIELD AND POOL, OR WILDCAT
[illegible]

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 17-18S-32E NMPM

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3790

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	☐	PULL OR ALTER CASING	☐	WATER SHUT-OFF	☐	REPAIRING WELL	☐
FRACTURE TREAT	☐	MULTIPLE COMPLETE	☐	FRACTURE TREATMENT	☐	ALTERING CASING	☐
SHOOT OR ACIDIZE	XX	ABANDON*	☐	SHOOTING OR ACIDIZING	☐	ABANDONMENT*	☐
REPAIR WELL	☐	CHANGE PLANS	☐	(Other)			
(Other)							

(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.) *

We propose to clean out and perforate well from 3746-74' and return well to production.

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

SIGNED [signature] TITLE Division Superintendent DATE [illegible]

(This space for Federal or State office use)

APPROVED BY ______ TITLE ______ DATE ______
CONDITIONS OF APPROVAL, IF ANY:

APPROVED
DEC 17 1969
ARTHUR R. BROWN
DISTRICT ENGINEER

*See Instructions on Reverse Side