(May 1963)				Form approved. Budget Bureau No. 42-R1424. 5. LEASE DESIGNATION AND SERIAL NO.	
		CAL SURVEY		L C 046164 B b	
SUNDRY NOTICES AND REPORTS ON WELLS (Do not use this form for proposals to drill or Do dedpen or rate of to a different reservoir. Use "APPLICATION BUR PERMIT—" Seen proposals.) 1. OIL WELL OTHER 2. NAME OF OPERATOR Jake L. Hamon 8. ADDRESS OF OPERATOR				6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
				7. UNIT AGREEMENT NAME	
				B. FARM OR LEASE NAME	
				Amerada Federal	
O. ADDRESS OF OPERAT				9. WALL NO.	
Box 663, Dallas, Texas 1. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 660' FSL & 1980' FWL of Section 17, T-20-S, R-36-E, Lea County, New Mexico 16. ELEVATIONS (Show whether DF, RT, GR, etc.)				10. FIBLD AND POOL, OR WILDCAT	
				Osudo North Morrow 11. asc., f., B., M., OR BLK. AND BURNEL OR ARBA Section 17. T-20-C. P. 20	
				Section 17, T-20-S, R-30	
	i i	3623.01 GR	RT, GR, etc.)	Lea New Mexico	
16.		· · · · · · · · · · · · · · · · · · ·	ature of Notice, Report, or		
	NOTICE OF INTENTION TO:		•	BOUBART REPORT OF 1	
TEST WATER SHUT-	OFF PULL OR ALTE	R CASING	Water Shut-off	REPAIRING WELL	
FRACTURE TREAT	MULTIPLE CO	MPI.ETE	FRACTURE TREATMENT	ALTERING CABING	
SHOOT OR ACIDIZE	ABANDON*		SHOOTING OR ACIDIZING	ABANDONMENT	
REPAIR WELL	CHANGE PLAN	8		Casing	
(Other)	OR COMPLETE OPEN AND A COMP		Completion or Recor	ilts of multiple completion on Well mpletion Report and Log form.)	
proposed work. I nent to this work.)	if well is directionally drilled,	give subsurface locati	details, and give pertinent dat ons and measured and true ver	es, including estimated date of starting any tical depths for all markers and sones perti-	
				그는 병이 그런 처음이 뭐 하실목을 🚆 🗆	
Spudded 6:00	0 PM on June 11, 1	966.		450 sacks of Near	
Ran & set 1;	3-3/8" 48#, J55 Ca	sing at 376°	KB. Cemented with	450 sacks of Neat	
cement bins	4% U.U. Ulrculat	ed cement. P	lug down at 10:00 A	M on June 17 1066	
WUU IOT 24 I	nours and tested s	urface casing	with 1500# for 1 h	our; no pressure loss.	
				use of the control of	
				Erreq Control of the	
				불우교환에 없 토건국는	
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8. I hereby certify that	49 (1)			Tierror Control of the Control of th	
8. I hereby certify that	the foregoing is true and con	rrect TITLE(Clerk	June 24, 1966	
	eral or State office use)				
APPROVED BY	•	医液体性坏坏 77%		TALL OF TALL O	
	PPROVAL, IF ANY:	TITLE	APP		
			* 3.5 .	CONTRACTOR AND THE STATE OF THE	
				bin at a second	
		*See Instructions	JUN		