Form 9-331
(May 1963)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE* (Other instructions on reverse side)

Budget Bureau No. 42-R1424

LEASE DESIGNATION AND SERIAL NO.
LC 030132(b)

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.)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

1. OIL WELL ☐ GAS WELL ☒ OTHER

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HOBBS, NEW MEXICO

8. FARM OR LEASE NAME
Closson B

2. NAME OF OPERATOR
Cities Service Oil Company

9. WELL NO.
6

3. ADDRESS OF OPERATOR
Box 1919 - Midland, Texas 79701

10. FIELD AND POOL, OR WILDCAT
Jalmat Yates Gas

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)
At surface

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 20-T22S-R36E

1980'FNL & 660'FWL of Sec. 20-T22S-R36E, Lea Co., New Mexico

14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.)	12. COUNTY OR PARISH	13. STATE
	3578' GR	Lea	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 ☐	ABANDON* ☐	SHOOTING OR ACIDIZING ☐	ABANDONMENT* ☐
REPAIR WELL ☐	CHANGE PLANS ☐	(Other) Well status	X
(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.) *

This well is shut-in awaiting geological recommendations concerning either recompletion possibilities in other zones behind pipe or plug and abandonment.

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

SIGNED [signature] TITLE Region Operation Manager DATE June 11, 1975

(This space for Federal or State office use)

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

ACCEPTED FOR RECORD
JUN 12 1975
U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

*See Instructions on Reverse Side