Form 9-331 (May 1963)

16.

STATES UNIT. DEPARTMENT OF THE INTERIOR (Other in verse side)

| SUBMIT | IN | TRIPL | ιC |
|--------------|------|---------|-----|
| (Other i | nstr | uctions | 0 : |
| able average | | | |

Form approved. Budget Bureau No. 42-R1424.

| | | | | get 1 | | | | | | | |
|----|----|-----|------|-------|------|------|----|------|---|-----|---|
| 5. | LE | ASE | DES | IG NA | LION | AND | s | ERIA | L | NO. | |
| 1 | | P | | 04 | , ? | 2 | 's | | P | • | |
| | _ | _ | | | | | | | _ | | - |
| 6. | IF | IND | IAN, | ALL | OTTE | E OR | T | RIBE | | AME | |

GEOLOGICAL SURVEY

| CLINIDDV | NOTICES | AND | REPORTS | ON | WELLS |
|----------|----------|---------|---------|------------|--------------|
| SUINDLE | 14011653 | , ,, ,, | | . h. ale + | on different |

(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.)

OTHER

660 FNLE 1980 FWL OF SEC. 34 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 14. PERMIT NO.

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data SUBSEQUENT REPORT OF:

NOTICE OF INTENTION TO: PULL OR ALTER CASING TEST WATER SHUT-OFF MULTIPLE COMPLETE FRACTURE TREAT ABANDON* SHOOT OR ACIDIZE

CHANGE PLANS

REPAIRING WELL WATER SHUT-OFF ALTERING CASING FRACTURE TREATMENT ABANDON MENT* SHOOTING OR ACIDIZING (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

REPAIR WELL 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.)*

Spudded 12/4" hole on 8-1-75. Drilled to 1470'd set 95/8" 32.30# H-40 csq. @ 1470'. Cemented w/600 sks class "C" cont. Cont. circ. to ste. WOC 24 hrs. Tested w/1000# for 30 min., held Ok.

18. I hereby certify that the foregoing is rue and correct ANALYST AGGEPTED FOR RECORD (This space for Federal or State office use) DATE .. AUG 13 1975 APPROVED BY ______CONDITIONS OF APPROVAL, IF ANY: *See Instructions on Regence SILOGICAL SURVEY
HOBBS, NEW MEXICO

MIGHT NOTH- & File