Form	9-331
(May	1963)

UNIT STATES SUBMIT IN TRIPLIC. DEPARTMENT OF THE INTERIOR (Other Instructions of the control of

WATER SHUT-OFF

(Other)

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

Form approved, Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

	_		
SEOL	OGICAL	SURVEY	

CLIMIDDA	NOTICES		REPORTS	ON WELLS
71 11/11 1/6 1	131 JIIL F.3	\sim 1317	REFURIA	THE WELLIN

	Y NOTICES AND REPORTS ON WELLS for proposals to drill or to deepen or plug back to a different reservoir. "APPLICATION FOR PERMIT—" for such proposals.)	O. IF INDIAN, ALLOTTEE OR TRIBE NAME
OIL GAS WELL C	OTHER	SOUTH EUNICE UNIT
2. NOTE OF OPERATOR ON TIMENTAL 3. ADDRESS OF OPERATOR	OIL Company	SOUTH EUNICE UNIT
Rax 460.	HOBBS, N.M. 88240	9. WELL NO. 34
See also space 17 below.) At surface	location clearly and in accordance with any State requirements.	10. FIELD AND POOL, OR WILDCAT SOLUTION OF RICK AND SURVEY OR AREA SEC. 28, 7-225, 2-366
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, CR, etc.)	12. COUNTY OR PARISH 13. STATE

6.	Check Appropriate Box To Indicate	Nature of Notice, Report, or Other Data
	NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON* CHANGE PLANS

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)			(Note: Report results of Completion or Recomple	of multiple completion on W tion Report and Log form.)	eil
17. DESCRIBE PROPOSED proposed work.	OR COMPLETED OPERATIONS (C If well is directionally drille	learly state all pertinent de d, give subsurface locations	tails, and give pertinent dates, i and measured and true vertical	including estimated date of s depths for all markers and	zones perti-
IN order	to stimulate	production,	the following	work is beat	rosed.
Set Ret.	. Pler. @ 3570	t pump 60	0 42/s 15/0 A	eld. MAC	4/5000
aals trie	1. fresh who	W/400 # H	DOMITE HRUA	£ 520 " (70	NECAL-17
1. 00	- 10 6a/s det	& fresh wt	- W/50000 A	DOMITE HEU	A C
10 000#1	huar (gel) .	50,000#sd	· Clear ent	g refurr t	יף סיוכן פ
,0,00	• • • • •				5 B

18. I hereby certify SIGNED (This space for Federal or State office use)

*See Instructions on Reverse Side USGS-5, PARTNERS (16), File