III TO STATES

SUBMIT IN TRIPLIC

Form approved.

		Buager	Bures	LU M	D. 32-B	1727
5.	LEASE	DESIGN	ATION	AND	BERIAL	NO.
				_		

May 1963)		IEN. JF THE INTE	RIOR (Other instructions verse side)	5. LEASE DESIGNATION LC 0608			
SUI	NDRY NOTE	EOLOGICAL SURVEY CES AND REPORTS alls to drill or to deepen or plu	ON WELLS ig back to a different reservoir. h proposals.)	6. IF INDIAN, ALLOT			
(17) BM 134- 12	Use "APPL,CA"	7. UNIT AGREEMENT	7. UNIT AGREEMENT NAME				
OIL GAN WELL	XX GTHER						
2. NAME OF OPERATOR	The state of the s		_	8. FARM OR LEASE			
		ific Oil Company,	Inc.	9. WELL NO.			
3. ADDRESS OF OPERAT			. 70701	8			
	P.O. Box	4067 Midland, TX early and in accordance with a	ny State requirements.*	10. FIELD AND POOL	, OR WILDCAT		
See also space 17 b	elow.)	earry and in accordance with		Talmat	Jalmat Gas		
At surface		1 a 00 m	22 C D 27. F	11. SEC., T., B., M.,	11. SEC., T., B., M., OR BLE. AND		
Unit L, 165	0' FSL, 990	* FWL, Sec. 29, T-	-23-5, K-37-E	SURVEY OR A	REA		
				Sec. 29. T-	-23-S, R-37-E		
14 converse No.		15. ELEVATIONS (Show whether	er DF, RT, GR, etc.)	12. COUNTY OR PAI			
14. PERMIT NO.		3323' DF		Lea	New Mexic		
		· · · · · · · · · · · · · · · · · · ·					
16.	Check Ar	propriate Box To Indicate	e Nature of Notice, Report	, or Other Data			
	NOTICE OF INTEN	TION TO:	8	BUBSEQUENT REPORT OF:			
TEST WATER SHU	T-OFF	PULL OR ALTER CASING	WATER SHUT-OFF	REPAIRI	NG WELL		
FRACTURE TREAT	1 1	MULTIPLE COMPLETE	FRACTURE TREATMENT	ALTERIS	G CASING		
* SHOOT OR ACIDIZE		ABANDON*	SHOOTING OR ACIDIZIN		NMENT*		
REPAIR WELL		CHANGE PLANS	(Other)Con	npleted	tion on Wall		
(Other) Run (Casing Surve	y NMOCC	Completion or B	results of multiple complet Recompletion Report and Lo	g form.)		
	O OR COMPLETED OFF		tinent details, and give pertinent locations and measured and true	t dates, including estimated vertical depths for all ma	date of starting any rkers and zones perti-		
Surface	O PS	' - Set @ 312' w/3					
Oil String		et @ 2765¹ w/250 s PSIG.	exs reg. cmt.				
Tubing	- 90	PSIG.					
Dig out ce	llar - com	ected valve to sur	face to take pressu	re survey by OCC	•		
Completed	3-29-77 and	Inspected by Melv	vin Crossland w/OCC.				
	•						
18. I hereby certify	that the foregoing	is true and correct					
10. I hereby certify	the long out		West Dist. Oper. Su	upt nam	3-29 - 77		
SIGNED	· · · · · · · · · · · · · · · · · · ·	TITLE		UPC DATE			
(This space for	Federal or State of	office use)					

APPROVED BY CONDITIONS OF APPROVAL, #F ANY:

HOBBS, NEW MEXICO

040**333 503 03**15 321

RECEIVED ON COMMIT