

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE\*  
(Other instructions on reverse side)

Form approved.  
Budget Bureau No. 42-R1424.  
LEASE DESIGNATION AND SERIAL NO.

LC-032545 (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.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
2. NAME OF OPERATOR		7. UNIT AGREEMENT NAME
3. ADDRESS OF OPERATOR		8. FARM OR LEASE NAME
P. O. Box 728, Hobbs, New Mexico 88240		9. WELL NO.
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface		10. FIELD AND POOL, OR WILDCAT
Well is located 1980' from the North Line 2310' from East Line of Sec. 35, T-23-S, R-37-E, Lea County, N. M.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
14. PERMIT NO.		12. COUNTY OR PARISH
Regular	15. ELEVATIONS (Show whether DF, RT, GR, etc.)	13. STATE
	3235 (DF)	Lea N. M.

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Well shut in.</u> <input checked="" type="checkbox"/>	

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.)\*

The Status Of This Well Was Changed From Pumping To TR-0, Effective 7-30-69.  
This Well Is Being Held For Secondary Recovery.

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

SIGNED [Signature]  
(This space for Federal or State office use)

Assistant  
TITLE District Superintendent

DATE 7-31-69

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

TITLE [Signature]  
U. S. Geol. Survey, Wash. D. C.

DATE AUG 1969