14. PERMIT NO.

16.

18.

Not known

UI ED STATES N. M. OIBAGONS CON

Form 9-331 (May 1963) 'orm approved. Budget Bureau No. 42-R1424. DEPARTMENT OF THE INTERPOR BOX 4987 5. LEASE DESIGNATION AND SERIAL NO. GEOLOGICAL SURVEY HOBBS, NEW MEXICO 88240 Los Cruces 050107 6. IF INDIAN, ALLOTTEE OR TRIBE NAME 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.) 7. UNIT AGREEMENT NAME WELL | WELL OTHER Water Injection Well NAME OF OPERATOR 8. FARM OR LEASE NAME SEA SAND OIL COMPANY Wills Federal ADDRESS OF OPERATOR 9. WELL NO. 917 Baker Bldg, Fort Worth, Texas 76102

LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*

See also space 17 below.) 10. FIELD AND POOL, OR WILDCAT Scarborough Yates Seven River 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 660/N 1980/W Sec 33-T-26 R-37 Lea County, New Mexico 33-26-37

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

12. COUNTY OR PARISH 13. STATE

New Mexico

Lea

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

Not known

NOTICE OF INTENTION TO:				SUB	SUBSEQUENT REPORT OF:		
						1	
TEST WATER SHUT-OFF		PULL OR ALTER CASING		WATER SHUT-OFF		REPAIRING WELL	_1
FRACTURE TREAT		MULTIPLE COMPLETE		FRACTURE TREATMENT		ALTERING CASING	
SHOOT OR ACIDIZE		ABANDON*		SHOOTING OR ACIDIZING		ABANDON MENT*	_
REPAIR WELL	X	CHANGE PLANS		(Other)			1
(Other)				(NOTE: Report res Completion or Reco	ults mple	of multiple completion on Well etion 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.)*

The above well is presently a shut-in injection well. In the next three or four weeks, we plan on moving the pumping unit from our Wills Federal Well #6 and placing it on the above well (well #7) and pump this well for some three or four months.

I hereby certify that the foregoing is true and correct SIGNED Turnan & Manager	TITLE President	DATE5/4/82
(This space for Federal or State defice us) (Orig. Sgd.) PETER W. CHESTER APPROVED BY CONDITIONS OF APPROVAL, IF ANY: MAY 7 1982	TITLE	DATE
FOR JAMES A. GILLHAMSe	e Instructions on Reverse Side	

DISTRICT SUPERVISOR

MAY 12/292

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