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## Form approved, Budget Bureau No. 42-R1424. UNITE STATES SUBMIT IN TRIPLICATE. DEPARTMENT OF THE INTERIOR (Other instructions on reverse side) 5. LEASE DESIGNATION AND SERIAL NO. GEOLOGICAL SURVEY NM 28062 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 OIL GAS WELL OTHER NAME OF OPERATOR S. FARM OR LEASE NAME Herman J. Ledbetter W. J. Frost ADDRESS OF OPERATOR 9. WELL NO. 1002 Sayles Boulevard Abilene, Texas No. 1 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 South Leonard 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 990 FSL ε 330 FEL 23-T26S-R37E 14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 12. COUNTY OR PARISH | 13. STATE 2980 GR <u>New Mexico</u>

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

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:		
TEST WATER SHUT-OFF		PULL OR ALTER CASING		WATER SHUT-OFF	REPAIRING WELL	
FRACTURE TREAT		MULTIPLE COMPLETE		FRACTURE TREATMENT	ALTERING CASING X	
SHOOT OR ACIDIZE	ļ	ABANDON*		SHOOTING OR ACIDIZING	ABANDONMENT*	
REPAIR WELL	1	CHANGE PLANS		(Other)		
(Other)			l	(Note: Report results of mu Completion or Recompletion I	Itiple completion on Well Report and Log form.)	

SCRIBE 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.)\*

11-12-79 Ran 3716 feet of 4-1/2" 95# J-55 casing and cemented with 400 sacks 50-50 Diomix "F" with 2% gel and 8# salt per sack.

> HAN 3 1980

U. S. CEOLOGICAL SURVEY HOBBS, NEW MEXICO

8. I hereby certify that the foregoing is true and correct	<sub>TITLE</sub> Operator	DATE
(This space for Federal or State office use)		1 36 6 6 6 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
CONDITIONS OF APPROVAL, IF ANY:	TITLE:	GRA HOUSE
*Se	e Instructions on Reverse Sid	L' S. GEOLOGICAL SURVEY

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JAN 8 1980

.OIL CONSERVATION DIV