Form 9-331
May 1963

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

[illegible]

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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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

None

1. OIL WELL [ ] GAS WELL [ ] OTHER [ ]

2. NAME OF OPERATOR

[illegible]Inc.

8. FARM OR LEASE NAME

E.F. Fay "SH" NCT-3

3. ADDRESS OF OPERATOR

[illegible] Box 7-M, Hobbs, New Mexico 88240

9. WELL NO.

4

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

[illegible] located 2310' from the South line and 2310' from the West line of Section 30, T-20-S, R-32-E, Unit Letter J, Lea County, New Mexico.

10. FIELD AND POOL, OR WILDCAT

[illegible]

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 30, T-20-S, R-32-E

14. PERMIT NO.

Permit

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

3163' (D. F.)

12. COUNTY OR PARISH

Lea

13. STATE

New Mexico

16. 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
SHOOT OR ACIDIZE	ABANDON*	SHOOTING OR ACIDIZING	ABANDONMENT*
REPAIR WELL	CHANGE PLANS	(Other) Shut Well In	X
(Other)		(Note: Report results of multiple completion on Well Completion or Recompletion 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.)*

Subject well was shut in July 2h, 1963. [illegible]'s well records indicate that no Form 9-331 was filed showing said in status of subject well. The well is to be held for secondary recovery.

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

SIGNED [signature] TITLE Assistant District Superintendent DATE Jan 1, 1969

(This space for Federal or State office use)

APPROVED BY [signature] TITLE [illegible] DATE [illegible]
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side