Form approved.
Budget Bureau No. 42-R1424.

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE* (Other instructions on reverse side)

5. LEASE DESIGNATION AND SERIAL NO.
LC-057509

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
-

7. UNIT AGREEMENT NAME
-

8. FARM OR LEASE NAME
G.L. Erwin "B" Fed. NCT-C

9. WELL NO.
3

10. FIELD AND POOL, OR WILDCAT
North Justis Drinkard

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 35, T-24-S, R-37-E

12. COUNTY OR PARISH
Lea

13. STATE
New Mexico

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.)

DEC 2 2 31 PM '69

1. OIL WELL [ ] GAS WELL [ ] OTHER

2. NAME OF OPERATOR
Amoco Inc.

3. ADDRESS OF OPERATOR
P. O. Box 727 - Hobbs, New Mexico

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)
Well is located 2310' from the South line and 330' from the East line of Section 35, T-24-S, R-37-E, Lea County, New Mexico. (Unit Letter I)

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
Regular 3161' (DF)

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
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) Put Well In	[X]

(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 effective 7:00 A.M., June 27, 1965. It is requested that the well be re-classified from its present status to T-A (To Be Reconditioned - Oil) - well for future remedial work.

ILLEGIBLE

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

SIGNED _____ TITLE Assistant District Superintendent DATE November 20, 1969

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD
DEC 1 1969
U.S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

*See Instructions on Reverse Side