Form 9-331 (May 1963) DEPARTMENT OF THE INTERIOR (Other instructions on re-			
SUNDRY NOTICES AND REPORTS ON WELLS			6. IF INDIAN, ALLOTTEE OR TRIBE NAME
(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 S GAS WELL OTHER 2. NEWE OF OPERATOR FRAN CIMERCUM Atroleum Curp.			8. FARM OR LEASE NAME BYEdera
3. ADDRESS OF OPERATOR Boy 68. Hobbs			9. WELL NO. 12 10. FIELD AND POOL, OR WILDCAT
See also space 17 below.) At surface 557'FSL * 557'FEL. Sec. 9 (UNIT P, SE/4 SE/4)			FOULER DEVONIAN 11. SEC., T., R., M., OR BLK. AND SURVEY OR ARBA
14. PERMIT NO.	15. ELEVATIONS (Show whether DF,		9-24-3 (N V PIV) 12. COUNTY OR PARISH 12. STATE
	3264	D. F	ILEA INM
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data			
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:			
TEST WATER SHUT-OFF	ULL OR ALTER CASING	WATER SHUT-OFF	REPAIRING WELL
FRACTUBE TREAT	IULTIPLE COMPLETE	FRACTURE TREATMENT	ALTERING CASING ABANDONMENT*
5.1502 511 111 111	BANDON*	SHOOTING OF CIDIZING	va repairs X
(Other)		(Note: Report rest Completion or Reco	nity of multiple completion on Well moletion 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 perti-			
In order to repair collapse of surface casing (13 7/8") The annulus between the surface and			
the annulus	between 7	the surgae	e and
intermediate (8 %") casings was elemented			
with 320 sy of Incor regular. This			
up to the battom of the surface easing heads.			
up to the -	vallon of s	ne surja	es eaving and.
13 % CSA 305 8 % CSA 445 5 % CSA 1064	0 W/3805x. 18 W/6255x in 14 W/52504.	2 stages.	FECT 1956 JAN 2 4 1956
0C-1-13-66, C			JAN Z. T. S. GEOLGGICAL S. S. GEOLGGICAL S. NEW MEX. S. ARTESIA, NEW MEX. S.
18. I hereby certify that the foregoing i	s true and correct	2 /	
SIGNED	TITLE	rea Supe	DATE _/- /7-66
(This space for Federal or State off	ice use)		
in B. L.	TITLE		DATE TED
APPROVED BY CONDITIONS OF APPROVAL, IF			APPROVED
	*See Instruction	s on Reverse Side	JAA 27 1966