

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN 1 LICATE*
(Other instructions on re-
verse side)Form approved.
Budget Bureau No. 42-R1444.

5. LEASE DESIGNATION AND SERIAL NO.

NM-0454018

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Wersell Federal

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Undesignated Morrow Gas

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

Sec. 4, T-22S, R-27E

12. COUNTY OR PARISH

Eddy

13. STATE

N.M.

1. OIL ☐ GAS ☒ OTHER

2. NAME OF OPERATOR

Union Oil Company of California

3. ADDRESS OF OPERATOR

P.O. Box 671 - Midland, Texas 79701

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

810' FNL & 1980' FWL

14. PERMIT NO.

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

3218' GR

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

FULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) Spud & casing test

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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.)*

Spudded 17½" hole at 8:30 AM, 8-30-73 & drilled to 400'.

Ran & cemented 380' 13-3/8", 48#, H-40 casing at 400' with 600 sacks. Cement circulated to surface. Waited on cement 18 hours. Tested casing to 1000# for 30 minutes. OK.

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

SIGNED

TITLE District Drilling Supt.

DATE 8-31-73

(This space for Federal or State office use)

APPROVED BY

TITLE DISTRICT ENGINEER

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side