

UNITED STATES DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN  
(Other ins.  
verse side)

Form approved.  
Budget Bureau No. 42-B1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM 0107697

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Jones-Federal Unit

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Undesignated

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

Sec. 24, T-19-S, R-31-E

12. COUNTY OR PARISH 13. STATE

Eddy

New Mexico

14. PERMIT NO.

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

3540' GL Estimated

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)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON\*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

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.)\*

Set 8 5/8" OD, 32# csg at 3954' and cemented in 2 stages. First stage:

cmt around base of csg with 200 sx 50-50 Incor Pozmix cmt with 6% gel

followed by 100 sx Incor cmt with 2% CaCl<sub>2</sub>. Second stage: cemented through

DV tool at 2418 with 1200 sx 50-50 Incor Pozmix cmt with 6% gel followed by

100 sx Incor cmt with 2% CaCl<sub>2</sub>. Top of cement at 2200' by temp survey.

Pressure tested csg to 1100 PSI for 30 minutes after WOC 29 hrs. Held OK.

RECEIVED

NOV 16 1964

O. C. C.  
ARTESIA, OFFICE

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

SIGNED

R.O. Bowery

TITLE Dist. Office Supervisor

DATE 11-11-64

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

\*See Instructions on Reverse Side