

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN
(Other ins
verse side)

Form approved.
Budget Bureau No. 42-R1424.
5. LEASE DESIGNATION AND SERIAL NO.

NM 0107697

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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.)

OIL WELL ☒ GAS WELL ☐ OTHER ☐

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Jones Federal "E"

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Undesignated Lusk

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

23-19-31

Strawn

12. COUNTY OR PARISH

Eddy

13. STATE

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 and cmt 8 1/8" OD, 32# csg at 3925' in two stages. First stage - Cmtd around base of csg w/200 sx Incor 2% CaCl₂ followed w/200 sx 50-50 Pozmix Incor 6% gel thru DV pkr collar at 2332'. Top of cmt 2160 by temp survey. Pressure tested csg 30 minutes @ 1000 PSI after WOC 12 hrs. Mixing temp 72°. Formation temp 98°. Estimated compressive strength after WOC 12 hrs is 1800 PSI.

RECEIVED

DEC 18 1964

D. C. C.
ARTESIA OFFICE

RECEIVED
DEC 18 1964
U.S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

SIGNED J.F. Carnes

TITLE Dist. Prod. Foreman

DATE December 14, 1964

(This space for Federal or State office use)

TITLE

DATE

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

APPROVED
DEC 17 1964
ACTING DISTRICT ENGINEER

*See Instructions on Reverse Side