

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT TO  
(Other in  
verse side)REPLICATE\*  
Holds on re-Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

09003

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Sweeney Federal

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Undesignated Lusk  
Strawn11. SEC., T., R., M., OR BLK. AND  
SURVEY OR AREA

Sec. 13, T-19-S, R-31-E

12. COUNTY OR PARISH 13. STATE

Eddy New Mexico

1. OIL WELL ☐ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Penasco Oil Company

3. ADDRESS OF OPERATOR

Box 1031, Midland, Texas

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

At surface

660' FSL &amp; 760' FWL of Section 13

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.)\*

Spudded 17 1/2" hole 6:00 P.M. CST 12-13-64. Set & cmtd 13 3/8" OD, 48# csg  
@ 670' with 650 sx 50-50 Pozmix Incor w/2% CaCl<sub>2</sub>. Cmt circulated. Pressure  
tested csg to 1000 PSI for 30 mins after WOC 13 hrs. Held OK.

RECEIVED

DEC 22 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 12-18-64

(This space for Federal or State office use)

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

\*See Instructions on Reverse Side