

N.M.O.C.C. COPY
UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN ORIGINAL AND
(Other instructions on
reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

~~09003 & 064198~~

6. IF INDIAN ALLOTMENT OR TRUST LAND

NM OS 57148

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.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR Coastal States Gas Producing Company ✓		8. FARM OR LEASE NAME Sweeney-Federal	
3. ADDRESS OF OPERATOR P. O. Box 2498, Abilene, Texas		9. WELL NO. 1	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FNL & 1980' FEL, Sec 14, T-19S, R-31E, Lea County, New Mexico		10. FIELD AND POOL, OR WILDCAT Undesignated <i>Lusk</i>	
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 14, 19S, 31E <i>Strawn</i>	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3535.4' GL		12. COUNTY OR PARISH Eddy	13. STATE N. M.

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input checked="" type="checkbox"/> Beginning Drilling Optns	

(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.)*

SPUD DATE: 9:55 p.m. 6/30/65

Drilled to 625'. Ran 22 jts 13-3/8" casing set at 625'.
Cemented with 750 sks Class "A", 2% CaCl. P-D at 5:40 p.m.
Cement circulated. WOC - 24 hours. Tested casing w/ 1000# -
held o. k.

RECEIVED

RECEIVED
JUL 8 - 1965
U. S. GEOLOGICAL SURVEY

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

SIGNED Joe R. Howard TITLE Production Supt. DATE July 6, 1965

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

APPROVED
AUG 7 1965
RUDOLPH C. BAIER, JR.
ACTING DISTRICT ENGINEER

*See Instructions on Reverse Side