

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYN. M. O. C. C. C.  
SUBMIT IN TRIP  
(Other instructions  
reverse side)Form approved  
Budget Bureau No. 42 R1424

5. LEASE DESIGNATION AND SERIAL NO.

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

9. WELL NO.

10. FIELD AND POOL, OR WILDCAT

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

12. COUNTY OR PARISH 13. STATE

## SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or re-drill a well or to a different reservoir.  
Use "APPLICATION FOR PERMIT TO DRILL" for such proposals.)

RECEIVED

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	JUL 15 1974
2. NAME OF OPERATOR	JUL 11 1974
3. ADDRESS OF OPERATOR	U.S. GEOLOGICAL SURVEY
207 So. 4th Street-Artesia, N.M. 88210	ARTESIA, NEW MEXICO
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)	
At surface	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.)
	4530' GR

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

## NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>

## SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input checked="" type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other) Spud re-entry	<input type="checkbox"/>		<input type="checkbox"/>

(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.)\*

6-27-74 - Started reaming an 8" hole to 12 1/2" at 9:30 AM 6-27-74.

TD 1552' - Ran 1529' of 8-5/8" 24# casing set at 1552'. Centralizers at 934 & 1505', baskets at 928 & 1244' and 1-Guide shoe. Cemented w/500 sx 50-50 pozmix & tailed in w/200 sx Neat 2% CaCl. PD 1:45 PM 7-1-74. WOC 8 hrs. Ran Temp Survey, found top of cmt at 700'. Rubber plug at 1422'. Ran 1" and spotted 50 sx at 717'. PD 1:45 PM 7-1-74. WOC 8 hrs. & tagged cmt at 650'. Spotted 25 sx of 4% CaCl. PD 5:45 PM 7-1-74. WOC 2 hrs and tagged cmt at 635'. Spotted 50 sx 4% CaCl. PD 9:45 PM 7-1-74. WOC 2 hrs and tagged cmt at 608'. Spotted 25 sx 2% cacl at 588'. PD 10:30 PM 7-1-74. WOC 3 1/2 hrs and dumped 4-55 gal drums of gravel. Tagged w/1" at 492'. Spotted 100 sx of 2% CaCl at 482'. WOC 3 hrs & dumped 2 drums of gravel and tagged cmt at 63'. Filled hole to surface w/5 yds of Ready-mix. JC 7:30 AM 7-2-74. WOC 43 hrs. Nipped up, installed BOP's and tested casing to 1500#. OK. Drilled shoe and tested to 500#, OK. Reduced hole to 7-7/8" and resumed drilling. Total sx of cement used 1050 sx.

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

SIGNED [Signature]  
(This space for Federal or State office use)TITLE EngineerDATE 7-11-74APPROVED  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

JUL 12 1974  
A. L. BEEKMAN  
ACTING DISTRICT ENGINEER

\*See Instructions on Reverse Side