

**MOCC COPY**

**UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY**

SUBMIT IN TRIPlicate\*  
(Other instructions on re-  
verse side)

*copy to SF*  
Form Approved.  
Budget Bureau No. 42-R1424.

**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  GAS WELL  OTHER

2. NAME OF OPERATOR MONSANTO COMPANY ✓

3. ADDRESS OF OPERATOR  
1330 Midland NBT, Midland, Texas 79701

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface  
1880' FNL & 1980' FEL Sec. 10, T-22S, R-25E

14. PERMIT NO. \_\_\_\_\_

15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
DF 3608; Gr. 3593

5. LEASE DESIGNATION AND SERIAL NO.  
NM 25347

6. IF INDIAN, ALLOTTEE OR TRIBE NAME \_\_\_\_\_

7. UNIT AGREEMENT NAME \_\_\_\_\_

8. FARM OR LEASE NAME  
CATCLAW FEDERAL

9. WELL NO.  
1

10. FIELD AND POOL, OR WILDCAT  
REVELATION FIELD

11. SEC., T., R., M., OR BLK. AND SURVEY OR ABBA  
Sec. 10, T-22S, R-25E

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 checked="" 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) _____	
(Other) _____			

(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.)\*

Drilled 12 1/4" hole to 2400';  
Set 9 5/8" 36# K-55 ST&C New Casing @ 2400';  
Cemented to surface w/ 885 Sx. Lite + 300 Sx. RFC + 200 Sx. Class "C";  
Plug down 11:00 PM 11/4/77;  
WOC 24 hrs; Tested w/ 1500 psi for 30 Mins., held OK.

**RECEIVED**  
NOV 15 1977  
U.S. GEOLOGICAL SURVEY  
ARTESIA, NEW MEXICO

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

SIGNED [Signature] TITLE Regional Production Mgr. DATE 11/14/77

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE ACTING DISTRICT ENGINEER DATE NOV 22 1977

CONDITIONS OF APPROVAL, IF ANY: \_\_\_\_\_

\*See Instructions on Reverse Side