

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse side)Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM 0100958

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

DARK CANYON

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Rock Tank - Morrow

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

Sec. 18, T-23S, R-25E

12. COUNTY OR PARISH 13. STATE

Eddy

New Mexico

1. OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR

MONSANTO COMPANY - PRODUCTION DEPT.

3. ADDRESS OF OPERATOR

321 West Texas, Midland, Texas 79701

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

660' FWL &amp; 660' FNL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

ARTESIA, OFF

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) Spud

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 perti-  
nent to this work.)\*Spudded 12 $\frac{1}{2}$ " hole 12:30 PM 12/13/74.Drilled 12 $\frac{1}{2}$ " hole to 2335' and set 9 5/8" 36# K-55 LT&C casing at 2335'; Cemented  
to surface w/ 1100 Sx. Lite Wt & 150 Sx. Class "C".  
Plug down 12/22/74.

WOC 24 Hrs &amp; tested w/ 1500 psi for 30 Mins., held OK.

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

SIGNED

TITLE Dist. Prod. Mgr.

DATE 12/24/74

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side