

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLI
(Other instructions
reverse side)

E*
re-

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM-0556301

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

No

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Federal "C"

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

West Allison (Undes.)

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

30-8S-36E

12. COUNTY OR PARISH 13. STATE

Roosevelt

New Mex.

1.

OIL WELL GAS WELL OTHER

2. NAME OF OPERATOR

Charles B. Read

3. ADDRESS OF OPERATOR

P.O. Box 2126, Roswell, New Mexico 88201

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*

See also space 17 below.)
At surface

1980' FNL & 660' FEL Section 30-8S-36E

14. PERMIT NO.

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

4129.5' GL

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 & 12 3/4" casing

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.)*

8-26-69: Spudded @ 7:00 A.M.

Ran 11 jts., 394.80' of 12 3/4", 34#, FWPS csg., set @ 370' RKB.
Cmt w/350 sx Class "H" w/2% CaCl₂. Plug down @ 4:30 P.M.
Cmt circ. WOC 18 hrs. Press test to 1500 PSI for 30 min.
Test OK.

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

SIGNED

TITLE

Agent

DATE

9-2-69

(This space for Federal or State office use)

APPROVED BY

TITLE

APPROVED

CONDITIONS OF APPROVAL, IF ANY:

SEP 5 1969

*See Instructions on Reverse Side

LONG DISTRICT ENGINEER