Form 9-331 (May 1963)

FRACTURE TREAT

REPAIR WELL

(Other)

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SHOOT OR ACIDIZE

UNLIED STATES UN. IED STATES SUBMIT IN TRIP. :ATE* DEPARTMENT OF THE INTERIOR (Other instructions on reverse side)

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) Set 13 3/8" surface csq

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

Form approved. Budget Bureau No. 42-R1424. 5. LEASE DESIGNATION AND SERIAL NO.

~=~!	001041	CHEVEN	
GEOL	OGICAL	SURVEY	

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.)

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

NM 0997 6. IF INDIAN, ALLOTTEE OR TRIBE NAME

. ,	OIL GAS			7. UNIT AGREEMENT	NAME	
	WELL WELL X OTHER					
2.	. NAME OF OPERATOR			8. FARM OR LEASE NAME		
	Southland Royalty Com	pany		Federal "2	L" Comm	
3.	ADDRESS OF OPERATOR			9. WELL NO.		
	1100 Wall Towers West			1		
	LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)			10. FIELD AND POOL	, OR WILDCAT	
	At surface			Corbin Sout	h (Morrow)	
	٣			11. SEC., T., R., M., C SURVEY OR AL	OR BLK. AND	
	1980' FSL & 660' FWL,	Sec. 21, T-18-S, R-3	33-E			
				Sec. 21. T-	-18-S. R-33-1	
14.	PERMIT NO.	15. ELEVATIONS (Show whether DF, F	RT, GR, etc.)	12. COUNTY OR PAR	ISH 13. STATE	
		3830'_Gr.		Lea	NM	
6.	Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data					
	NOTICE OF INTENTION TO:		, , ,	SUBSEQUENT REPORT OF:		
	NOTICE OF INTERNA					
	TEST WATER SHUT-OFF	CLL OR ALTER CASING	WATER SHUT-OFF	REPAIRIN	G WELL	

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 11:00 a.m. 5/19/80. Drl to 39' & set 20" conductor pipe. Omt back . de of 20" w/3 yds of concrete. Drl ahead w/17 1/2" bit to 378'. Ran 10 jts of 13 3/8" 48# H-40 ST&C csg (396') & set @ 378'. Cmt w/400 sxs Cl "C" w/2% cc. Circ 65 sxs. PD @ 3:30 p.m., 5/26/80. WOC 18 hrs. Install 13 3/8" X 12" 3000# head. Install BOP. After 24 hrs nipple up on BOP & pressure test 13 3/8" csg & BOP to 1000# for 30 minutes. Held Okay. Compressive str of Cl "C" w/2% cc after 24 hrs is 1870 psi @ 80°F. Ran 11" bit. Drl out float, cmt & shoe. Drl ahead w/ll" bit.

RECEIVED

ALTERING CASING

ABANDONMENT'

JUN 18 1980

O. C. D. ARTESIA, OFFICE

8. I hereby certify that the foregoing is true and correct SIGNED Corald Recury	TITLE District Operation Engineer	DATE	6/5/80
(This space for Federal or State office use)			•
APPROVED BYCONDITIONS OF APPROVAL, IF ANY:	TITLE	DATE _	