

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPL
(Other instructions
verse side)

E
re

Form approved.
Budget Bureau No. 42-R1424

5. LEASE DESIGNATION AND SERIAL NO.

LC 054665 (b)

6. IF INDIAN, LOTTERY OR TRIBE NAME

UM-72611

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Annie Myers "B"

9. WELL NO.

3

10. FIELD AND POOL, OR WILDCAT

Jalmat Gas

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

Sec. 13, T-24-S, R-36-E

12. COUNTY OR PARISH 13. STATE

Lea

New Mexico

1. ☐ OIL
WELL ☐ GAS
WELL ☒ OTHER

2. NAME OF OPERATOR

Texas Pacific Oil Company, Inc.

3. ADDRESS OF OPERATOR

P.O. Box 4067, Midland, TX 79701

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

Unit C, 660' FNL, 1980' FWL, Sec. 13, T-24-S, R-36-E

14. PERMIT NO.

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

3325.6' G. R.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other) Run Casing Survey NMOCC

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other) Completed

(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.)*

Surface - 9 5/8" - 36# Set @ 307' w/250 sxs reg. cmt.

3-29-77--50 PSIG.

Oil String - 7" - 23# Set @ 3704' w/555 sxs cmt. 95 sxs lafex.

50 PSIG.

Tubing - 50 PSIG.

Langlie-Mattix Zone T. A. - Dual completed

Dig out cellar - Connect valve to surface to take pressure survey by OCC.

Completed 3-29-77 and Inspected by Melvin Crossland w/OCC.

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

SIGNED

TITLE West Dist. Oper. Supt.

DATE 3-29-77

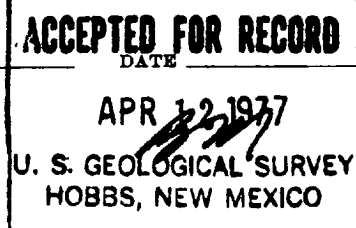
(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side



RECEIVED

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