

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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

Form approved.
Budget Bureau No. 42-R1421.

5. LEASE DESIGNATION AND SERIAL NO.

NM 33955

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Baetz "23"

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Wildcat Salt Lake BS

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

Sec. 23, T-20-S, R-32-E

12. COUNTY OR PARISH 13. STATE

Lea

New Mexico

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
DAVID FASKEN

3. ADDRESS OF OPERATOR
608 First National Bank Building, Midland, TX 79701

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

1980' FSL & 1980' FWL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3564' KB

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input checked="" type="checkbox"/> New well completion	

(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.)*

- 10-27 to 10-30-79 RD & MORT
- 10-31-79 Set safety mast anchors & levelled location.
- 11-1 to 11-3-79 Drilled DV tool @ 6322' & cleaned out to P.B.T.D. 10,424' by tbg measurement, tested casing to 5000 psig & displaced well fluid w/3% KCl water w/corrosion inhibitor.
- 11-5-79 Ran Gamma Ray Correlation log from Schlumberger P.B.T.D. 10,403' up to 9960'
- 11-6-79 Ran 2-3/8" N-80 4.70#/ft EUE 8rd thd tbg & pkr, set bottom of pkr @ 9995' KB w/10,000# compression
- 11-7-79 Perforated through tbg w/1-11/16" hollow steel carrier 10,288'-292' w/5 (0.25") jets & 10,353'-362' w/10 (0.25") jets, well flowing on 3/4" ck.
- 11-8-79 Flowing well to tanks on various choke sizes
- 11-9-79 Tested well on 18/64" ck, FTP 170 psig, 163 B.O.P.D., 187 M.C.F.P.D., -0- B.W.P.D. GOR 1147-1.

RECEIVED

NOV 13 1979

U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

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

SIGNER Robert H. Angevine TITLE Agent
Robert H. Angevine
(This space for Federal or State office use)

DATE 11-12-79

APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD
NOV 13 1979
U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

*See Instructions on Reverse Side