

UNITED STATES ARTESIA, NEW MEXICO
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

Form approved.
Budget Bureau No. 42-R1424.

RECEIVED BY DEPARTMENT OF THE INTERIOR
SEP 30 1985
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.)

5. LEASE DESIGNATION AND SERIAL NO.
LC-067811A
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Dale Federal
9. WELL NO.
1 B
10. FIELD AND POOL, OR WILDCAT
Pecos San Andres
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
S 27, T 7 S, R 26 E
12. COUNTY OR PARISH
Chaves
13. STATE
New Mex.

1. ARTESIA, OFFICE
OIL WELL GAS WELL OTHER

2. NAME OF OPERATOR
H. E. Prince
3. ADDRESS OF OPERATOR
P. O. Box 129, 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
330 F.S.L. 330 F.W.L.

14. PERMIT NO. 15. ELEVATIONS (Show whether DE or OR, etc.)

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) Pressure test casing <input checked="" type="checkbox"/>	

(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.)

Ran 2" upset tubing and set packer at 1225 ft.
Filled area between tubing and casing with water and raised pressure up to 300 lbs. and held for one hour.
Removed tubing and packer from well and screwed 4 1/2" casing cap on casing for protection



18. I hereby certify that the foregoing is true and correct
SIGNED H. E. Prince TITLE operator DATE 7/23/85
10/1/85

(This space for Federal or State office use)
APPROVED BY PETER W. CHESTER
CONDITIONS OF APPROVAL, IF ANY:
SEP 26 1985
BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE AREA

TITLE DATE

*See Instructions on Reverse Side