

(May 1963)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved
Budget Bureau No. 42-R1424.

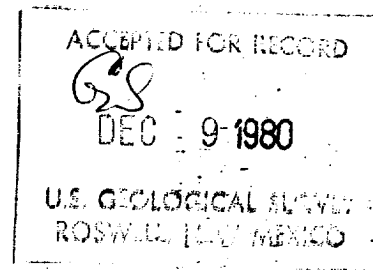
SUNDRY NOTICES AND REPORTS ON WELLS

(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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. <div align="center">NM-36610</div>																					
2. NAME OF OPERATOR <div align="center">InterNorth, Inc. ✓</div>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME <div align="center">020121000</div>																					
3. ADDRESS OF OPERATOR <div align="center">403 Wall Towers West, Midland TX 79701</div>		7. UNIT AGREEMENT NAME <div align="center">G. C. D.</div>																					
4. LOCATION OF WELL (Report location clearly and in accordance with any State or Federal regulations. See also space 17 below.) At surface <div align="center">1570' FNL & 480' FEL of Section 6</div>		8. FARM OR LEASE NAME <div align="center">ARTESIA, OFFICE Azotea Mesa Federal</div>																					
14. PERMIT NO. <div align="center">-</div>		9. WELL NO. <div align="center">1</div>																					
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <div align="center">4243.2 GR</div>		10. FIELD AND POOL, OR WILDCAT <div align="center">Robinia Draw Morrow</div>																					
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data <table border="0" style="width:100%;"> <tr> <td colspan="2">NOTICE OF INTENTION TO:</td> <td colspan="2">SUBSEQUENT REPORT OF:</td> </tr> <tr> <td>TEST WATER SHUT-OFF <input type="checkbox"/></td> <td>PULL OR ALTER CASING <input type="checkbox"/></td> <td>WATER SHUT-OFF <input type="checkbox"/></td> <td>REPAIRING WELL <input type="checkbox"/></td> </tr> <tr> <td>FRACTURE TREAT <input type="checkbox"/></td> <td>MULTIPLE COMPLETE <input type="checkbox"/></td> <td>FRACTURE TREATMENT <input type="checkbox"/></td> <td>ALTERING CASING <input type="checkbox"/></td> </tr> <tr> <td>SHOOT OR ACIDIZE <input type="checkbox"/></td> <td>ABANDON* <input type="checkbox"/></td> <td>SHOOTING OR ACIDIZING <input type="checkbox"/></td> <td>ABANDONMENT* <input checked="" type="checkbox"/></td> </tr> <tr> <td>REPAIR WELL <input type="checkbox"/></td> <td>CHANGE PLANS <input type="checkbox"/></td> <td>(Other) <u>Intermediate casing</u></td> <td></td> </tr> </table>		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 checked="" type="checkbox"/>	REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Intermediate casing</u>		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <div align="center">Sec. 6, T-23-S, R-24-E</div>	
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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.)		12. COUNTY OR PARISH <div align="center">Eddy</div>																					
18. I hereby certify that the foregoing is true and correct SIGNED <u>E. H. Hunt</u> TITLE <u>District Engineer</u> DATE <u>12-5-80</u>		13. STATE <div align="center">New Mexico</div>																					

11-28-80 Finished drilling to 2520'. Circulated & conditioned hole. Ran 57 jts, 8 5/8", 24#, K-55, ST&C casing & set @ 2520'. Cemented casing W/1225 sx CL C + 2% Lodense + 8#/sx salt + .5#/sx Gilsonite + 1/4#/sx Celloflake & tailed in W/250 sx CL C + 1% CaCl. Plug down @ 9:30 pm 11-28-80. WOC 2 1/2 hrs. Good returns throughout-circulated 100 + sx cement.

11-29-80 WOC 6 hrs. N.D. BOP's, set slips & installed casing spool. N.U. BOP'S. P.U. BHA & GIH. Test BOP's & casing to 1500 psig for 1/2 hr. Tested OK. Drilled out float collar, cement, shoe & 20' formation.



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

SIGNED E. H. Hunt

TITLE District Engineer

DATE 12-5-80

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side