

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse 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 type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. 100 2506474
2. NAME OF OPERATOR M. B. Jones		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Federal
3. ADDRESS OF OPERATOR 900 Bank of New Mexico Building, Albuquerque, New Mexico		7. UNIT AGREEMENT NAME 100
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1200' rel, 1900' rel		8. FARM OR LEASE NAME 100 Federal
14. PERMIT NO. U.S.G.S. 3-45-75		9. WELL NO. 1
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 1200' rel, 1900' rel		10. FIELD AND POOL, OR WILDCAT 100 1
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 100 36, T. 36N, R. 10W, S. 4E
		12. COUNTY OR PARISH Albany
		13. STATE New Mexico

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 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.)\*

Drilled to 203'. Run 2 joints 8-5/8" 8-55 lb. 100' casing (total equipment 128'), set at 201', cemented with 1.5 sacks Class 20 with 2 calcium chloride, circulated. Plug on bottom 2:30 p.m. April 1, 1975.

After 12 hours, tested with 1100 p.s.i. Held pressure 30 minutes, no pressure drop.



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

SIGNED Morris B. Jones  
Original Signed by

TITLE District Engineer

DATE 4-7-75

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

\*See Instructions on Reverse Side