

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE  
(Other instructions on  
reverse side)

Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC 067775

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

McCormick Federal "B"

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Undesignated San Andres

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

29 9S 38E

12. COUNTY OR PARISH

Lea

13. STATE

New Mexico

1. OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR

Socony Mobil Oil Company, Inc.

3. ADDRESS OF OPERATOR

Box 1800, Hobbs, New Mexico

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*

See also space 17 below.)  
At surface

660' FS&WL of Sec.  
Unit "M", SW/4, SW/4

14. PERMIT NO.

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

3944 GR

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) ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

REPAIRING WELL ☐

FRACTURE TREATMENT ☒

ALTERING CASING ☐

SHOOTING OR ACIDIZING ☐

ABANDONMENT\* ☐

(Other) ☐

Casing Test

(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.)\*

Set 5070' of 4 1/2" J-55, 9.5# casing at 5070'. Cemented w/250 sx Incor Neat. Plug down at 10:15 PM 2-2-65. Calc. top of cement at 2355'. WOC 30 hours. Tested 4 1/2" casing w/2000# for 30 minutes. Tested OK.

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

SIGNED

TITLE

Group Supervisor

DATE

2-8-65

(This space for Federal or State office use)

APPROVED BY

TITLE

APPROVED

DATE

CONDITIONS OF APPROVAL, IF ANY:

FEB 9 1965

\*See Instructions on Reverse Side, L. GORDON

ACTING DISTRICT ENGINEER