

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE
(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

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

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 "1", SW/4, SW/4

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

14. PERMIT NO.

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

3944 GR

12. COUNTY OR PARISH

Lea

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

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☐
☐

PULL OR ALTER CASING

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☐
☐
☐

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) Spud date & casing test

X

(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.)*

Sutton & Norton Drilling Company commenced drilling operations with 12 1/4" hole at 3:00 PM 1-20-65 (Spud date) Set 360' of 8 5/8" casing at 360'. Cemented w/350 sx incor neat + 3% CaCl. Plug down at 5:30 PM 1-23-65. Cement circulated. WOC 29 hours. Tested 8 5/8" casing w/1000# for 30 minutes. Tested OK.

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

SIGNED

J. L. Gordon

TITLE

Group Supervisor

DATE

1-25-65

(This space for Federal or State office use)

APPROVED BY

TITLE

APPROVED

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CONDITIONS OF APPROVAL, IF ANY:

JAN 28 1965

*See Instructions on Reverse Side
J. L. GORDON
ACTING DISTRICT ENGINEER