

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE
(Other instructions on reverse side)Form approved.
Budget Bureau No. 42-R1424.

SUNDY 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. L. C. 068035
2. NAME OF OPERATOR Ralph S. Cooley		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. Box 254, Midland, Texas 79701		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660' from South line and 660' from East line, SE/4 Section 13, T9S, R37E, N. M. P. M., Lea County, New Mexico		8. FARM OR LEASE NAME Brown "35"
14. PERMIT NO.		9. WELL NO. 1
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3966 GR - 3979 RT		10. FIELD AND POOL, OR WILDCAT Sawyer San Andres Gas
		11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA Sec. 13, T9S, R37E
		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:		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"/>	ABANDONMENT ACIDIZING <input checked="" type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) Well progress - setting 4-1/2" casing	
(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 5020 feet. Ran 5020 feet of 4-1/2", 11.6# casing. Plug at 5003 -
5 centralizers on first five joints. Plug down 3:30 A.M. August 19, 1965.
W.O.C. until 8:00 A.M. August 23, 1965.
Tested casing with 2000 psi. Tested o.k.
Ran Lane Wells - Gamma Ray - Neutron.
Perforate one .48" hole at 4915, 23, 26, 31, 35, 38, 61, 71, 78, 84. Total 10 holes.
Ran 4986' of 2" - J55 tubing. Treated 500 gallons mud acid and swabbed and
flowed back.
Treat 10,000 gallons Unisol. Swab back and flow.
Testing.

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

SIGNED

Ralph S. Cooley

TITLE Operator

DATE August 24, 1965

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side

APPROVED

SEP 7 1965

J. L. GORDON
ACTING DISTRICT ENGINEERXERO
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