

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.

L.C. 068035

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Brown #35

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Sawyer San Andres Gas

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

Sec 13, T9S, R37E

1.

OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR

Ralph S. Cooley

3. ADDRESS OF OPERATOR

P. O. Box 254, Midland, Texas 79701

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

14. PERMIT NO.

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

3966 GR - 3979 RT

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

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

Well Progress - Setting 8-5/8" casing

(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.)*

Spudded August 9, 1965.

Drilled 12-1/4" hole from 0 to 414 feet.

Ran 13 joints 8-5/8" 24# new casing and cemented with 250 sacks of regular cement and 2% CaCl₂. Cement circulated back to surface.

W.O.C. 12 hours.

Test casing with 600 psi for 30 minutes. Test o.k.

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

SIGNED

Ralph S. Cooley

TITLE Operator

DATE August 10, 1965

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

APPROVED

SEP 7 1965

*See Instructions on Reverse Side

XERO COPY

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J. L. GORDON
ACTING DISTRICT ENGINEER

